

**Experiment Number:** 20515 - 04

**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**

Metal working fluids (CIMSTAR 3800)

**CAS Number:** CIMSTAR3800

**Date Report Requested:** 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

**Lab:** BNW

F1\_M3

**NTP Study Number:** C20515

**Lock Date:** 01/12/2011

**Cage Range:** ALL

**Date Range:** ALL

**Reasons For Removal:** ALL

**Removal Date Range:** ALL

**Treatment Groups:** Include ALL

**Study Gender:** Both

**TDMSE Version:** 3.0.1.1\_001

**PWG Approval Date:** NONE

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

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**Time Report Requested:** 14:13:47

**Species/Strain:** MICE/B6C3F1

**CAS Number:** CIMSTAR3800

**First Dose M/F:** 05/05/08 / 05/05/08

**Species/Strain:** MICE/B6C3F1

Lab BNW

B6C3F1 MICE MALE	DAY ON TEST																					males (cont...)	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Control	ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	

## ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

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Lab: BNW

## CARDIOVASCULAR SYSTEM

Blood Vessel  
Inflammation, Chronic Active

Heart

- \* .. Total animals with
- + .. Tissue examined
- X .. Lesion present
- | .. Insufficient tissue

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically M .. Missing tissue 1-4 .. Lesion qualified as:  
 X .. Lesion present A .. Autolysis precludes evaluation 1) Minimal 3) Moderate  
 I .. Insufficient tissue BLANK .. Not examined microscopically 2) Mild 4) Marked



**Experiment Number:** 20515 - 04

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**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

## **HEMATOPOIETIC SYSTEM**

\* - Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade.

± .. Tissue examined microscopically

X - Lesion present

X .. Lesion present  
| .. Insufficient tissue

#### M Missing tissue

A - Autolysis precludes evaluation

BLANK .. Not examined microscopically

#### 1-4 Lesion qualified as:

Lesion qualified as:

2) Mild      4) Marked







Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

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Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

		DAY ON TEST	B6C3F1 MICE MALE																								* TOTALS		
			ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
B6C3F1 MICE MALE	Control		0	7	7	7	7	5	7	4	7	7	7	6	0	7	7	7	7	7	7	5	0	7	7	7	7	7	
			0	3	3	2	2	9	3	9	2	3	3	9	3	2	2	3	2	3	2	4	1	0	7	2	3	3	2
			0	0	5	9	2	1	9	9	0	0	0	4	0	9	2	9	0	4	0	1	0	9	1	0	9	0	
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
			2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	5	
			6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	0	

## ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Gallbladder	+	+	M	+	+	+	M	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	M	44
Inflammation, Suppurative													1														1 1.0
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Intestine Small, Duodenum	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
Artery, Infiltration Cellular, Lymphocyte																											1 2.0
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Epithelium, Hyperplasia																											1 3.0
Lymphoid Follicle, Hyperplasia																											1 4.0
Peyer's Patch, Hyperplasia, Lymphoid																											1 3.0
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Basophilic Focus																											1
Clear Cell Focus																											10
Eosinophilic Focus	X																										14
Fatty Change	2	2	1		1		1		1		1		X		X		X		X		X		X		X		24 1.4
Hepatodiaphragmatic Nodule																											1
Hyperplasia																											1 4.0
Inflammation, Chronic																											1 4.0

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

## Lab: BNW

## CARDIOVASCULAR SYSTEM

\* - Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

± .. Tissue examined microscopically

X - Lesion present

X .. Lesion present  
| .. Insufficient tissue

#### M Missing tissue

A - Autolysis precludes evaluation

BLANK : Not examined microscopically

#### 1-4 Lesion qualified as:

Lesion qualified as:

2) Mild      4) Marked

Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

		DAY ON TEST																					* TOTALS	
B6C3F1 MICE MALE			0 7 3 0	0 7 2 5	0 9 3 9	0 2 1 9	0 3 9 9	0 7 3 0	0 7 2 0	0 7 2 9	0 7 2 9	0 7 2 9	0 7 2 4	0 7 2 0	0 7 2 9	0 7 2 1	0 7 2 0	0 7 2 9	0 7 2 1	0 7 2 0	0 7 2 9			
Control		ANIMAL ID	0 0 0 0 2 6	0 0 0 0 2 7	0 0 0 0 3 8	0 0 0 0 3 9	0 0 0 0 4 0	0 0 0 0 4 1	0 0 0 0 4 2	0 0 0 0 4 3	0 0 0 0 4 4	0 0 0 0 4 5	0 0 0 0 4 6	0 0 0 0 4 7	0 0 0 0 4 8	0 0 0 0 4 9	0 0 0 0 5 0	0 0 0 0 5 1	0 0 0 0 5 2	0 0 0 0 5 3	0 0 0 0 5 4	0 0 0 0 5 5	* TOTALS	
Cardiomyopathy																							2	2 2.0
Thrombosis																							1	4.0
<b>ENDOCRINE SYSTEM</b>																								
Adrenal Cortex			+	+	+	+	+	+	+	+	I	+	+	+	+	+	+	+	+	+	+	+	49	
Hyperplasia			1	1		1		1	1	1	1	1	1	1	1	1	2	2	2	1	1	1	24	1.3
Capsule, Inflammation, Chronic Active						3																		1 3.0
Adrenal Medulla			+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	48	
Islets, Pancreatic			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Parathyroid Gland			+	+	+	+	+	+	M	+	M	+	+	+	M	+	+	+	M	M	M	M	34	
Cyst																							1 1.0	
Pituitary Gland			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Pars Distalis, Cyst			1																				1	1.0
Pars Distalis, Hyperplasia																							5 1.2	
Thyroid Gland			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
<b>GENERAL BODY SYSTEM</b>																								
NONE																								
<b>GENITAL SYSTEM</b>																								
Epididymis			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Inflammation, Chronic Active																							1 1.0	

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

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**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

Time Report Requested: 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

## Lab: BNW

## **HEMATOPOIETIC SYSTEM**

\* ... Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

± .. Tissue examined microscopically

X - Lesion present

| .. Insufficient tissue

#### M Missing tissue

A. Autolysis precludes evaluation

BLANK .. Not examined microscopically

#### 1-4 Lesion qualified as:

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Date Report Requested: 03/08/2013

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**First Dose M/F:** 05/05/08 / 05/05/08

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#### M .. Missing tissue

X., Lesion present

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

		DAY ON TEST	B6C3F1 MICE MALE																								* TOTALS
			0 7 3 0	0 7 2 0	0 7 2 1	0 9 2 1	0 9 9 0	0 7 3 0	0 9 4 0	0 6 3 0	0 7 2 9	0 7 2 9	0 7 2 9	0 7 2 9	0 7 2 9	0 5 4 1	0 7 2 9										
		Control																									
		ANIMAL ID	0 0 0 0 2 6	0 0 0 0 2 7	0 0 0 0 2 8	0 0 0 0 2 9	0 0 0 0 0	0 0 0 0 2	0 0 0 0 5	0 0 0 0 6	0 0 0 0 7	0 0 0 0 8	0 0 0 0 9	0 0 0 0 0	0 0 0 0 1	0 0 0 0 2	0 0 0 0 3	0 0 0 0 4	0 0 0 0 5	0 0 0 0 6	0 0 0 0 7	0 0 0 0 8	0 0 0 0 9	0 0 0 0 0			
<b>RESPIRATORY SYSTEM</b>																											
Larynx																											50
Lung																											50
Infiltration Cellular, Histiocyte																											5 1.6
Thrombosis																											1 1.0
Alveolar Epithelium, Hyperplasia																											4 1.3
Bronchiole, Hyperplasia																											11 1.0
Interstitial, Inflammation, Chronic Active																											1 2.0
Perivascular, Inflammation, Chronic Active																											1 3.0
Nose																											50
Inflammation, Chronic Active																											6 1.3
Necrosis																											2 1.0
Olfactory Epithelium, Accumulation, Hyaline Droplet																											4 1.3
Olfactory Epithelium, Atrophy																											1 1.0
Olfactory Epithelium, Metaplasia, Respiratory																											7 1.1
Respiratory Epithelium, Accumulation, Hyaline Droplet																											1 1.1
Respiratory Epithelium, Hyperplasia																											38 1.6
Turbinete, Degeneration																											1 2.0
Pleura																											1
Trachea																											50
<b>SPECIAL SENSES SYSTEM</b>																											50
Eye																											50
* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade																											
+ .. Tissue examined microscopically																											M .. Missing tissue
X .. Lesion present																											A .. Autolysis precludes evaluation
I .. Insufficient tissue																											BLANK .. Not examined microscopically
1-4 .. Lesion qualified as:																											1) Minimal 3) Moderate
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**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

Date Report Requested: 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

## **URINARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

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**Route:** RESPIRATORY EXPOSURE WHOLE BODY

## Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

**Species/Strain:** MICE/B6C3F1

**CAS Number:** CIMSTAR3800

**First Dose M/F:** 05/05/08 / 05/05/08

**Species/Strain:** MICE/B6C3E1

Lab BNW

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

#### W. Invariant tissue

DE WIT NOT EXAMINED MICROSCOPICALLY

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

Date Report Requested: 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

## CARDIOVASCULAR SYSTEM

## Blood Vessel

\* .. Total animals with tissue examined microscopically: Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X, Lesion present

X .. Essel present  
I .. Insufficient tissue

#### M - Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 ... Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked



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**Test Type: CHRONIC**

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**CAS Number:** CIMSTAR3800

**Time Report Requested:** 14:13:47

**Species/Strain:** MICE/B6C3F1

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

## **HEMATOPOIETIC SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

#### M .. Missing tissue

X.. Lesion present

I .. Insufficient tissue

#### A.. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
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## Metal working fluids (CIMSTAR 3800)

**Time Report Requested:** 14:13:47

**Species/Strain:** MICE/B6C3F1

**CAS Number:** CIMSTAR3800

**First Dose M/F:** 05/05/08 / 05/05/08

**Species/Strain:** MICE/B6C3F1

Lab: BNW

B6C3F1 MICE MALE 10 mg/m3		DAY ON TEST	ANIMAL ID																				* TOTALS		
			07 66 22 99	07 70 03 98	05 55 26 00	07 97 36 71	05 30 65 05	07 36 30 51	05 96 21 60	07 29 29 69	07 30 30 90	05 47 30 70	07 29 29 00	06 23 20 70	07 67 30 77	06 73 30 80	07 59 29 29	05 98 28 29							
00 00 22 22 66	00 00 22 22 78	00 00 22 22 89	00 00 22 23 00	00 00 23 33 12	00 00 23 33 32	00 00 23 33 43	00 00 23 35 56	00 00 23 37 67	00 00 24 38 78	00 00 24 39 89	00 00 24 40 90	00 00 24 42 11	00 00 24 43 22	00 00 24 44 33	00 00 24 45 46	00 00 24 46 57	00 00 24 47 68	00 00 24 48 79	00 00 24 49 89	00 00 24 50 90	00 00 24 51 00	00 00 24 52 00	00 00 24 53 00	00 00 24 54 00	00 00 24 55 00

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

#### I .. Insufficient tissue

BLANK .. Not examined microscopically

<http://www.w3.org/2001/XMLSchema>

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1) Minimal 3) Moderate  
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**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

Date Report Requested: 03/08/2013

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**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

## CARDIOVASCULAR SYSTEM

## Blood Vessel

\* .. Total animals with tissue examined microscopically: Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

#### M .. Missing tissue

1-4 .. Lesion qualified as:

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1) Minimal 3) Moderate  
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Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

		DAY ON TEST	B6C3F1 MICE MALE																				* TOTALS
10 mg/m <sup>3</sup>			ANIMAL ID	0 7 2 9	0 6 2 8	0 7 0 9	0 5 3 0	0 7 2 7	0 5 3 1	0 7 0 5	0 7 3 6	0 5 2 9	0 7 2 9	0 5 3 0	0 7 3 7	0 6 2 9	0 7 2 0	0 6 3 0	0 7 7 0	0 6 7 8	0 5 9 9	0 7 3 9	
Aorta, Inflammation, Chronic Active																						2	1 2.0
Heart				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Cardiomyopathy																						2	3 2.0
Artery, Inflammation, Chronic Active																						3	1 3.0
<b>ENDOCRINE SYSTEM</b>																							
Adrenal Cortex				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Hyperplasia																						23	1.3
Adrenal Medulla				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Hyperplasia																						1	1.0
Islets, Pancreatic				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Parathyroid Gland				M	+	M	M	+	M	M	M	M	M	M	M	M	M	M	M	M	M	28	
Pituitary Gland				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Pars Distalis, Hyperplasia																						8	1.3
Pars Intermedia, Hypertrophy																						1	2.0
Thyroid Gland				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	

**GENERAL BODY SYSTEM**

Tissue NOS																								2
------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---

**GENITAL SYSTEM**

Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
------------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	----

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

## **HEMATOPOIETIC SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X.. Lesion present

| .. Insufficient tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

Date Report Requested: 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grad

+ .. Tissue examined microscopically

X .. Lesion present

### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

		DAY ON TEST	0 7 2 9	0 6 2 8	0 7 0 9	0 5 5 6	0 7 3 7	0 5 6 0	0 7 3 1	0 5 6 6	0 7 2 9	0 7 2 9	0 7 3 0	0 5 4 7	0 7 3 0	0 6 2 0	0 7 3 0	0 6 7 0	0 5 9 8	0 7 9 9				
		ANIMAL ID	0 0 2 2 6	0 0 2 2 7	0 0 2 2 8	0 0 2 2 9	0 0 2 2 0	0 0 2 2 1	0 0 2 3 2	0 0 2 3 4	0 0 2 3 5	0 0 2 3 6	0 0 2 3 7	0 0 2 3 8	0 0 2 4 1	0 0 2 4 2	0 0 2 4 3	0 0 2 4 4	0 0 2 4 5	0 0 2 4 6	0 0 2 4 7	0 0 2 4 8	0 0 2 4 9	* TOTALS
<b>B6C3F1 MICE MALE</b>																								
<b>10 mg/m<sup>3</sup></b>																								
Arteriole, Inflammation, Chronic Active																								
Venule, Infiltration Cellular, Lymphoid																								
Peripheral Nerve																								
Spinal Cord																								
<b>RESPIRATORY SYSTEM</b>																								
Larynx																								
Inflammation, Suppurative																								
Inflammation, Chronic Active																								
Metaplasia, Squamous																								
Necrosis																								
Lung																								
Erythrophagocytosis																								
Infiltration Cellular, Histiocyte																								
Alveolar Epithelium, Hyperplasia																								
Bronchiole, Hyperplasia																								
Perivascular, Inflammation, Chronic Active																								
Nose																								
Inflammation, Chronic Active																								
Necrosis																								
Olfactory Epithelium, Accumulation, Hyaline Droplet																								
Olfactory Epithelium, Metaplasia, Respiratory																								
Olfactory Epithelium, Necrosis																								
Respiratory Epithelium, Accumulation, Hyaline Droplet																								

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

Date Report Requested: 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

## Lab: BNW

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X.. Lesion present

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1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

# ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

## I .. Insufficient tissue

M .. Missing tissue

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2) Mild      4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

## CARDIOVASCULAR SYSTEM

## Blood Vessel

Heart

Cardiomyopathy  
Inflammation, Suppurative  
Valve, Fibrosis

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

| .. Insufficient tissue

#### M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 ... Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked



**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 03/08/2013

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

## Metal working fluids (CIMSTAR 3800)

**CAS Number:** CIMSTAR3800

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

### I .. Insufficient tissue

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BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked



**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 03/08/2013

**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

## Metal working fluids (CIMSTAR 3800)

**CAS Number:** CIMSTAR3800

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

B6C3F1 MICE MALE	DAY ON TEST																					males (cont...)	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30 mg/m3	ANIMAL ID	7	6	7	7	6	7	7	4	7	7	3	3	3	3	2	3	2	2	2	3	8	
		2	4	3	2	6	2	3	3	3	3	2	3	2	3	2	2	2	3	3	8	3	
		9	0	0	9	3	9	1	0	8	0	0	9	0	9	2	9	2	9	1	0	3	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
		0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	2	2	2	
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	

Spinal Cord

-

# **RESPIRATORY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked



**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 03/08/2013

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

## Metal working fluids (CIMSTAR 3800)

**Time Report Requested:** 14:13:47

**Species/Strain:** MICE/B6C3F1

**CAS Number:** CIMSTAR3800

**First Dose M/F:** 05/05/08 / 05/05/08

**Species/Strain:** MICE/B6C3F1

Lab: BNW

B6C3F1 MICE MALE	30 mg/m3	DAY ON TEST																								
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0	7	7	5	7	7	7	7	7	6	4	5	5	6	7	5	7	7	7	7	7	6	7	7	7
		3	3	3	7	3	3	3	1	3	2	4	4	3	3	9	3	8	3	3	2	2	3	3	3	2
		0	1	3	1	1	0	5	1	9	5	7	4	4	8	0	1	0	0	2	9	6	3	1	1	2
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
		2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	5
		6	7	8	9	0	1	2	3	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9

# ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
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Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

B6C3F1 MICE MALE	30 mg/m <sup>3</sup>	DAY ON TEST																									* TOTALS	
			0 7 3 0	0 7 3 1	0 5 7 3	0 7 3 1	0 7 2 0	0 6 4 5	0 5 3 4	0 6 8 8	0 7 8 0	0 7 3 1	0 7 3 0	0 7 2 9	0 7 3 0	0 6 7 6	0 7 3 0	0 7 3 1	0 7 2 9	0 7 3 0	0 6 7 6	0 7 3 0	0 7 3 1	0 7 2 9				
ANIMAL ID			0 0 0 0																									
Necrosis																										6 5	2.3 1.3	
Tension Lipidosis																										2 2	2	
Mesentery																										3	3	
Inflammation, Chronic Active																										1 2	3.0 1.5	
Fat, Necrosis																												
Pancreas			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Salivary Glands			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Stomach, Forestomach			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Hyperplasia, Squamous																										1 2	4.0 2.0	
Inflammation, Chronic Active																												
Ulcer																											1 2	2.0 2.0
Stomach, Glandular			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Glands, Mineralization																											2 1	1.0 0.0
Tooth			+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49		
Dysplasia			2 2	2 2	2 1	2 2	1 1	1 1	41 2	1.6 2.2																		
Inflammation, Chronic Active																												

## CARDIOVASCULAR SYSTEM

Blood Vessel	+	+	+	+	+	M	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48	
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Cardiomyopathy																										1 1 1	2.0 3.0 1.0
Inflammation, Suppurative																											
Valve, Fibrosis																											

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

		DAY ON TEST	B6C3F1 MICE MALE																				* TOTALS				
			0 7 3 0	0 7 3 1	0 7 3 1	0 7 3 0	0 7 2 5	0 7 1 5	0 6 4 7	0 5 4 4	0 5 3 4	0 5 4 8	0 6 8 0	0 7 8 1	0 7 3 0	0 7 3 0	0 7 2 9	0 6 2 9	0 7 3 6	0 7 3 0	0 7 2 9						
		ANIMAL ID	30 mg/m3																								
			0 0 4 2 6	0 0 4 2 7	0 0 4 2 8	0 0 3 3 9	0 0 3 3 0	0 0 3 3 1	0 0 3 3 2	0 0 3 3 3	0 0 3 3 4	0 0 3 3 5	0 0 3 3 6	0 0 3 3 7	0 0 3 3 8	0 0 3 3 9	0 0 3 4 0	0 0 3 4 1	0 0 3 4 2	0 0 3 4 3	0 0 3 4 4	0 0 3 4 5	0 0 3 4 6	0 0 3 4 7	0 0 3 4 8	0 0 3 4 9	
<b>ENDOCRINE SYSTEM</b>																											
Adrenal Cortex																								<b>50</b>			
Hyperplasia																								<b>26 1.5</b>			
Adrenal Medulla																								<b>50</b>			
Islets, Pancreatic																								<b>50</b>			
Parathyroid Gland																								<b>27</b>			
Pituitary Gland																								<b>50</b>			
Pars Distalis, Hyperplasia																								<b>7 1.4</b>			
Thyroid Gland																								<b>49</b>			
Inflammation, Chronic Active																								<b>1 1.0</b>			
Follicular Cell, Hyperplasia																								<b>1 2.0</b>			
<b>GENERAL BODY SYSTEM</b>																											
NONE																											
<b>GENITAL SYSTEM</b>																											
Epididymis																								<b>50</b>			
Preputial Gland																								<b>48</b>			
Ectasia																								<b>7 3.0</b>			
Inflammation, Chronic Active																								<b>11 2.3</b>			
Prostate																								<b>50</b>			
* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade																											
+ .. Tissue examined microscopically																											
X .. Lesion present																											
I .. Insufficient tissue																											
M .. Missing tissue																											
A .. Autolysis precludes evaluation																											
BLANK .. Not examined microscopically																											
1-4 .. Lesion qualified as:																											
1) Minimal 3) Moderate																											
2) Mild 4) Marked																											

Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

B6C3F1 MICE MALE	30 mg/m <sup>3</sup>	DAY ON TEST																										* TOTALS
			0 7 3 0	0 7 3 1	0 5 7 3	0 7 3 1	0 7 2 0	0 6 4 5	0 5 3 4	0 6 9 8	0 7 3 8	0 7 3 0	0 7 3 1	0 7 3 0	0 7 3 0	0 7 3 0	0 7 3 0	0 6 7 6	0 7 3 0	0 7 3 1	0 7 3 2	0 7 3 9	0 7 3 0	0 7 3 1	0 7 3 2	0 7 3 9		
ANIMAL ID			0 0 4 2 6	0 0 4 2 7	0 0 4 2 8	0 0 3 2 9	0 0 3 2 0	0 0 3 2 1	0 0 3 2 0	0 0 3 2 5	0 0 3 2 6	0 0 3 2 7	0 0 3 2 8	0 0 3 2 9	0 0 3 2 0	0 0 3 2 1	0 0 3 2 2	0 0 3 2 3	0 0 3 2 4	0 0 3 2 5	0 0 3 2 6	0 0 3 2 7	0 0 3 2 8	0 0 3 2 9	0 0 3 2 0	* TOTALS		
Seminal Vesicle			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Dilatation																												1 2.0
Testes			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
<b>HEMATOPOIETIC SYSTEM</b>																												
Bone Marrow			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Hyperplasia																												1 3.0
Lymph Node																												1
Lymph Node, Bronchial			+	M	+	+	M	+	M	M	+	M	+	M	+	M	M	+	+	+	M	M	+	+	+	M	+	26
Lymph Node, Mandibular			+	+	+	+	M	+	M	M	+	M	M	+	M	M	+	+	+	M	M	+	+	+	M	+	34	
Hyperplasia, Lymphoid																												1 2.0
Lymph Node, Mediastinal			+	+	M	+	+	+	+	M	+	M	M	+	M	M	+	+	+	M	M	+	+	+	M	+	32	
Hematopoietic Cell Proliferation																												1 2.0
Hyperplasia, Plasma Cell																												1 2.0
Infiltration Cellular, Mixed Cell																												1 2.0
Lymph Node, Mesenteric			+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48	
Hemorrhage																												1 4.0
Hyperplasia, Plasma Cell																												1 2.0
Infiltration Cellular, Histiocyte																												1 3.0
Spleen			+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49	
Congestion																												1 2.0
Hematopoietic Cell Proliferation																												3 2.0

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

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Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

		DAY ON TEST	B6C3F1 MICE MALE																								* TOTALS
			ANIMAL ID	0 7 3 0	0 7 3 1	0 7 1 0	0 7 2 5	0 6 4 5	0 5 3 4	0 5 3 8	0 6 8 0	0 7 1 0	0 7 3 0	0 7 3 0	0 7 2 9	0 6 2 9	0 7 3 6	0 7 3 0	0 7 2 9	0 7 3 1	0 7 2 9	0 7 3 1	0 7 2 9	0 7 3 1			
Lymphoid Follicle, Hyperplasia																										1 3.0	
Thymus Atrophy				+	+	+	+	+	M	+	+	+	+	+	+	M	M	M	+	+	+	+	+	+	39		
																	1								1 1.0		
<b>INTEGUMENTARY SYSTEM</b>																											
Mammary Gland				M	M	M	M	M	M	M	M	M	M	M	M	+	M	M	M	M	M	M	M	M	M	1	
Skin				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Angiectasis																	2										1 2.0
Inflammation, Chronic Active																											1 3.0
Ulcer																											2 3.5
<b>MUSCULOSKELETAL SYSTEM</b>																											
Bone				+	+	+	+	+	+	+	+	+	+	+	+	1	+	+	+	+	+	+	+	+	+	50	
Fibro-Osseous Lesion																	1										10 1.3
Cranium, Inflammation, Chronic Active																											3 3.0
Skeletal Muscle																		+									2
<b>NERVOUS SYSTEM</b>																											
Brain				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Inflammation, Suppurative																											1 2.0
Thrombosis																											1 2.0
Ventricle, Dilatation																											1 3.0
Peripheral Nerve																											1

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

Spinal Cord

1

## RESPIRATORY SYSTEM

Larynx	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
Hyperplasia																					1 2.0
Inflammation, Chronic Active																					3 1.0
Metaplasia, Squamous	2	2	2	2	2	2	2	1	2	2	2	1	2	2	2	2	2	2	2	2	49 2.0
Necrosis																					1 1.0
 Lung	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Congestion																					1 2.0
Hemorrhage																					2 1.5
Infiltration Cellular, Histiocyte																					1 1.0
Inflammation, Acute																					1 3.0
Alveolar Epithelium, Hyperplasia																					6 2.3
Bronchiole, Hyperplasia	1	1	1	1	1	1	1	1	1	1	1	1	1	3	1	3	1	1	1	1	32 1.2
Interstitial, Inflammation, Chronic Active																					1 1.0
Perivascular, Inflammation, Chronic Active																					1 3.0
 Nose	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Inflammation, Chronic Active																					4 1.5
Olfactory Epithelium, Accumulation, Hyaline Droplet	2	1	2	1	2	2			2	2	2	2	2	2	2	2	2	1	2	2	43 1.8
Olfactory Epithelium, Metaplasia, Respiratory																					25 1.2
Respiratory Epithelium, Accumulation, Hyaline Droplet	2	1	2	1	2	2	2	1	2	2	2	2	2	2	2	2	1	2	1	2	50 1.8
Respiratory Epithelium, Hyperplasia	2	1		1	1	1	1	2	2	2	2	2	1	1	2	2	2	1	1	2	36 1.6
 Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	47

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

		DAY ON TEST	B6C3F1 MICE MALE																								* TOTALS
			0 7 3 0	0 7 3 1	0 7 3 0	0 7 1 5	0 7 3 1	0 6 2 9	0 4 4 5	0 5 3 4	0 6 9 8	0 7 3 0	0 7 8 0	0 5 3 1	0 7 3 0	0 7 3 0	0 7 2 9	0 6 3 6	0 7 3 0	0 7 2 9	0 6 3 1	0 7 3 9	0 0 4 2 6	0 0 4 2 7	0 0 4 2 8	0 0 4 2 9	
		ANIMAL ID	0 0 4 2 6	0 0 4 2 7	0 0 4 2 8	0 0 4 2 0	0 0 4 2 1	0 0 4 2 2	0 0 4 2 3	0 0 4 2 4	0 0 4 2 5	0 0 4 2 6	0 0 4 2 7	0 0 4 2 8	0 0 4 2 9	0 0 4 2 0	0 0 4 2 1	0 0 4 2 2	0 0 4 2 3	0 0 4 2 4	0 0 4 2 5	0 0 4 2 6	0 0 4 2 7	0 0 4 2 8	0 0 4 2 9		
<b>B6C3F1 MICE MALE</b>			0 7 3 0	0 7 3 1	0 7 3 0	0 7 1 5	0 7 3 1	0 6 2 9	0 4 4 5	0 5 3 4	0 6 9 8	0 7 3 0	0 7 8 0	0 5 3 1	0 7 3 0	0 7 3 0	0 7 2 9	0 6 3 6	0 7 3 0	0 7 2 9	0 6 3 1	0 7 3 9	0 0 4 2 6	0 0 4 2 7	0 0 4 2 8	0 0 4 2 9	* TOTALS
<b>30 mg/m3</b>			0 0 4 2 6	0 0 4 2 7	0 0 4 2 8	0 0 4 2 0	0 0 4 2 1	0 0 4 2 2	0 0 4 2 3	0 0 4 2 4	0 0 4 2 5	0 0 4 2 6	0 0 4 2 7	0 0 4 2 8	0 0 4 2 9	0 0 4 2 0	0 0 4 2 1	0 0 4 2 2	0 0 4 2 3	0 0 4 2 4	0 0 4 2 5	0 0 4 2 6	0 0 4 2 7	0 0 4 2 8	0 0 4 2 9	0 0 4 2 0	

**SPECIAL SENSES SYSTEM**

Eye	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	2 2.5	
Cornea, Inflammation, Chronic Active																												

**URINARY SYSTEM**

Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	3 4.25	
Cyst																												
Infarct																												
Inflammation, Suppurative																												
Nephropathy	2	2	2	2	2	2	2	2	2	1		2	2	2	2	2	2	2	2	2	2	2	2	2	2	45 2.0		
Urinary Bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked



Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

		DAY ON TEST	males (cont...)																					
B6C3F1 MICE MALE	100 mg/m3		0729	0729	0729	0729	0729	0729	0729	0729	0729	0729	0729	0729	0729	0729	0729	0729	0729	0729	0729	0729	0729	
		ANIMAL ID	0060	0060	0060	0060	0060	0060	0060	0060	0060	0060	0060	0060	0060	0060	0060	0060	0060	0060	0060	0060	0060	
Tension Lipidosis																					2	1		
Mesentery																								+
Artery, Inflammation, Chronic Active																								2
Fat, Necrosis																								
Pancreas			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Necrosis																								
Salivary Glands			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Stomach, Forestomach			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hyperplasia, Squamous																								1
Stomach, Glandular			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Inflammation, Chronic Active																								3
Ulcer																								
Glands, Mineralization																								
Tooth			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Dysplasia			2	1	4	1	4	1	2	2	1	2	2	1	2	2	1	2	1	1	1	1	1	
Inflammation, Chronic Active																							3	

## CARDIOVASCULAR SYSTEM

Blood Vessel	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Cardiomyopathy																								2
Inflammation, Chronic Active																								3
Thrombosis																								2

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked





**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

## INTEGUMENTARY SYSTEM

## MUSCULOSKELETAL SYSTEM

\* - Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

± .. Tissue examined microscopically

M .. Missing tissue

X - Lesion present

| .. Insufficient tissue

#### A. Autolysis precludes evaluation

BLANK .. Not examined microscopically

BLANK .. Not examined microscopically

1-4 ... Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked



**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

## SPECIAL SENSES SYSTEM

## **URINARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

#### 1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 03/08/2013

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

## Metal working fluids (CIMSTAR 3800)

**CAS Number:** CIMSTAR3800

**Time Report Requested:** 14:13:47

**Species/Strain:** MICE/B6C3F1

**First Dose M/F:** 05/05/08 / 05/05/08

**Lab:** BNW

Lab: BNW

DAY ON TEST																					males (cont...)
	0 7	0 6	0 2	0 8	0 2	0 3	0 7	0 9	0 0	0 1	0 9	0 3	0 1	0 9	0 7	0 2	0 9	0 2	0 9	0 1	
ANIMAL ID	0 0																				
	0 1	0 2	0 3	0 4	0 5	0 6	0 7	0 8	0 9	0 0	0 1	0 1	0 2	0 3	0 4	0 5	0 6	0 7	0 8	0 9	0 0

#### Inflammation, Chronic Active

## Urinary Bladder

+ M + +

**males  
(cont...)**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grad

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 03/08/2013

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

## Metal working fluids (CIMSTAR 3800)

**Time Report Requested:** 14:13:47

**Species/Strain:** MICE/B6C3F1

**CAS Number:** CIMSTAR3800

**First Dose M/F:** 05/05/08 / 05/05/08

**Species/Strain:** MICE/B6C3F1

Lab: BNW

# ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

<http://www.w3.org/2001/XMLSchema>

<http://www.oxfordjournals.org/oxrep/>

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

|                                      |  | DAY ON TEST | 0<br>7<br>3<br>0<br>0 | 0<br>7<br>0<br>6<br>5 | 0<br>7<br>3<br>4<br>2 | 0<br>7<br>3<br>6<br>9 | 0<br>7<br>3<br>1<br>1 | 0<br>7<br>3<br>0<br>0 | 0<br>7<br>3<br>1<br>0 | 0<br>7<br>3<br>2<br>9 | 0<br>7<br>3<br>2<br>9 | 0<br>7<br>7<br>2<br>9 | 0<br>7<br>7<br>2<br>9 | 0<br>7<br>7<br>2<br>9 | 0<br>7<br>5<br>9<br>0 | 0<br>7<br>3<br>1<br>1 |                       |                       |
|--------------------------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                      |  | ANIMAL ID   | 6<br>2<br>6<br>2<br>7 | 2<br>0<br>6<br>2<br>8 | 2<br>3<br>6<br>3<br>9 | 2<br>0<br>6<br>3<br>0 | 4<br>1<br>6<br>3<br>1 | 1<br>0<br>6<br>3<br>2 | 1<br>0<br>6<br>3<br>5 | 1<br>0<br>6<br>3<br>6 | 1<br>0<br>6<br>3<br>7 | 1<br>0<br>6<br>3<br>8 | 1<br>0<br>6<br>3<br>9 | 1<br>0<br>6<br>4<br>0 | 1<br>0<br>6<br>4<br>1 | 1<br>0<br>6<br>4<br>2 | 1<br>0<br>6<br>4<br>3 | 1<br>0<br>6<br>4<br>5 |
| <b>B6C3F1 MICE MALE</b>              |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>100 mg/m3</b>                     |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>* TOTALS</b>                      |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Tension Lipidosis                    |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Mesentery                            |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Artery, Inflammation, Chronic Active |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Fat, Necrosis                        |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Pancreas                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Necrosis                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Salivary Glands                      |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Stomach, Forestomach                 |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Hyperplasia, Squamous                |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Stomach, Glandular                   |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Inflammation, Chronic Active         |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Ulcer                                |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Glands, Mineralization               |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Tooth                                |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Dysplasia                            |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Inflammation, Chronic Active         |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

**CARDIOVASCULAR SYSTEM**

|                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Blood Vessel                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Heart                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cardiomyopathy               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Inflammation, Chronic Active |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Thrombosis                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

Date Report Requested: 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

## Lab: BNW

#### Artery, Inflammation, Chronic Active

1 1.0

## **ENDOCRINE SYSTEM**

## **GENERAL BODY SYSTEM**

### Tissue NOS

1

## **GENITAL SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

#### I .. Insufficient tissue

A .. Autolysis precludes evaluation

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1-4 .. Lesion qualified as:

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**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

Date Report Requested: 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

## Lab: BNW

**\* TOTALS**

|                               |   |   |   |   |       |
|-------------------------------|---|---|---|---|-------|
| Penis<br>Congestion           |   | + | 2 | 1 | 1 2.0 |
| Preputial Gland<br>Ectasia    | + | + | + | + | +     |
| Inflammation, Chronic Active  | + | + | + | + | 3     |
| Prostate                      | + | + | + | + | 1     |
| Seminal Vesicle<br>Dilatation | + | + | + | + | 4     |
| Testes<br>Angiectasis         | + | + | + | + | 2     |
| Germinal Epithelium, Atrophy  | + | + | + | + | 3     |
|                               |   |   |   |   | 49    |
|                               |   |   |   |   | 7 2.7 |
|                               |   |   |   |   | 4 2.3 |
|                               |   |   |   |   | 50    |
|                               |   |   |   |   | 50    |
|                               |   |   |   |   | 1 2.0 |
|                               |   |   |   |   | 50    |
|                               |   |   |   |   | 1 3.0 |
|                               |   |   |   |   | 3 2.0 |

## HEMATOPOIETIC SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

### M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

Time Report Requested: 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

| B6C3F1 MICE MALE |   | DAY ON TEST | MORTALITY |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | TESTER COMMENTS |   |   |  |
|------------------|---|-------------|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|---|---|--|
|                  |   |             | 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0 |   |  |
|                  |   | ANIMAL ID   | 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0 | 0 |  |
| 7                | 7 | 0           | 5         | 6 | 7 | 3 | 4 | 2 | 3 | 6 | 3 | 3 | 3 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2               | 3 | 2 |  |
| 3                | 0 | 0           | 7         | 6 | 3 | 4 | 2 | 3 | 6 | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2               | 3 | 2 |  |
| 0                | 0 | 6           | 2         | 2 | 0 | 4 | 9 | 1 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 9 | 1 | 9 | 1 | 9 | 1 | 9 | 0               | 9 | 1 |  |
| 0                | 0 | 0           | 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0 | 0 |  |
| 0                | 0 | 0           | 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0 | 0 |  |
| 6                | 6 | 6           | 6         | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6               | 6 | 6 |  |
| 2                | 2 | 2           | 2         | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3               | 3 | 3 |  |
| 6                | 7 | 8           | 8         | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8               | 9 | 0 |  |

**\* TOTALS**

Lymph Node, Mediastinal  
Inflammation, Pyogranulomatous

+ + + M + M + + + + + M + + + M + + + + M + + + M 35  
4 1 4.0

## Lymph Node, Mesenteric Inflammation, Pyogranulomatous

Spleen  
Hematopoietic Cell Proliferation  
Lymphoid Follicle, Hyperplasia

## Thymus Atrophy

+ M + + + + + M + + + + + + + + M + M + + + M M + + 41 1 2.0

## INTEGUMENTARY SYSTEM

## Mammary Gland

Skin  
Abscess  
Inflammation, Chronic Active  
Epidermis, Hyperplasia

## MUSCULOSKELETAL SYSTEM

Bone  
Fibro-Osseous Lesion  
Cranium, Inflammation, Chronic Active

## Skeletal Muscle

+ 3  
1 1.0

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
+ .. Tissue examined microscopically M .. Missing tissue  
X .. Lesion present A .. Autolysis precludes evaluation  
I .. Insufficient tissue BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
1) Minimal 3) Moderate  
2) Mild 4) Marked



**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

Time Report Requested: 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

## SPECIAL SENSES SYSTEM

## **URINARY SYSTEM**

\* Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade.

.. Total animals with tissue examined  
+ .. Tissue examined microscopically

#### M Missing tissue

X Lesion present

X .. Lesion present  
| Insufficient tissue

A Autolysis precludes evaluation

**BLANK** Not examined microscopically

**BLANK** Not examined microscopically

#### 1-4 Lesion qualified as:

Lesion qualified as:

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 03/08/2013

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

## Metal working fluids (CIMSTAR 3800)

**CAS Number:** CIMSTAR3800

**Time Report Requested:** 14:13:47

**Species/Strain:** MICE/B6C3F1

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

\*\*\* END OF MALE DATA \*\*\*

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grad

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 03/08/2013

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

#### Metal working fluids (CIMSTAR 3800)

**Time Report Requested:** 14:13:47

**Species/Strain:** MICE/B6C3F1

**CAS Number:** CIMSTAR3800

**First Dose M/F:** 05/05/08 / 05/05/08

**Species/Strain:** MICE/B6C3F1

Lab: BNW

# ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

#### M .. Missing tissue

X., Lesion present

#### A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

#### 1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

|                              |  | DAY ON TEST | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>6<br>1<br>3      | 0<br>6<br>7<br>7      | 0<br>7<br>3<br>2      | 0<br>7<br>5<br>5      | 0<br>6<br>0<br>5      | 0<br>5<br>4<br>9      | 0<br>7<br>3<br>3      | 0<br>6<br>2<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>4      | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>3      | 0<br>5<br>2<br>2      | 0<br>7<br>3<br>2      |                       |                       |                       |                       |
|------------------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                              |  | ANIMAL ID   | 0<br>0<br>1<br>0<br>1 | 0<br>0<br>1<br>0<br>2 | 0<br>0<br>1<br>0<br>3 | 0<br>0<br>1<br>0<br>4 | 0<br>0<br>1<br>0<br>5 | 0<br>0<br>1<br>0<br>6 | 0<br>0<br>1<br>0<br>7 | 0<br>0<br>1<br>0<br>8 | 0<br>0<br>1<br>0<br>9 | 0<br>0<br>1<br>1<br>0 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>1<br>8 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>1<br>0 |
| <b>B6C3F1 MICE FEMALE</b>    |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>Control</b>               |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Inflammation, Chronic Active |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Fat, Necrosis                |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Pancreas                     |  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |
| Fibrosis                     |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Inflammation, Chronic Active |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Acinus, Atrophy              |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Salivary Glands              |  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |
| Stomach, Forestomach         |  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |
| Fibrosis                     |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Hyperplasia, Squamous        |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Stomach, Glandular           |  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |
| Degeneration, Hyaline        |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Inflammation, Chronic Active |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Tooth                        |  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |
| Dysplasia                    |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

**CARDIOVASCULAR SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel                         | M | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M |
| Aorta, Embolus Bacterial             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Heart                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Cardiomyopathy                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Necrosis                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Artery, Inflammation, Chronic Active |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

|  |  | DAY ON TEST | B6C3F1 MICE FEMALE |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | females<br>(cont...) |
|--|--|-------------|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|
|  |  |             | 0732               | 0731   | 0730   | 0732   | 0733   | 0632   | 0633   | 0732   | 0733   | 0632   | 0533   | 0732   | 0733   | 0632   | 0733   | 0732   | 0733   | 0732   | 0733   | 0732   | 0733   | 0532   | 0533   |                      |
|  |  | Control     | ANIMAL ID          | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011               |
|  |  |             |                    | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0                    |

Capillary, Hyperplasia

1

## ENDOCRINE SYSTEM

Adrenal Cortex  
Angiectasis  
Hyperplasia  
Vacuolization Cytoplasmic

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

Adrenal Medulla  
Hyperplasia

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

Islets, Pancreatic

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

Parathyroid Gland  
Hyperplasia

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| + | + | + | + | + | + | + | + | + | M | + | M | + | + | M | M | + | M | M | M | M | M | M | + | M | M |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

Pituitary Gland  
Angiectasis  
Pars Distalis, Hyperplasia

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| 1 | 2 | 1 | 2 | 1 | 2 | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

Thyroid Gland  
C-cell, Hyperplasia  
Follicular Cell, Hyperplasia

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

## GENERAL BODY SYSTEM

Tissue NOS  
Mediastinum, Infiltration Cellular, Lymphocyte  
Mediastinum, Thrombosis

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | + |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
1) Minimal 3) Moderate  
2) Mild 4) Marked



**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

Time Report Requested: 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

## **INTEGUMENTARY SYSTEM**

## Mammary Gland Hyperplasia

Skin  
Ulcer  
Epidermis, Hyperplasia

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
+ .. Tissue examined microscopically M .. Missing tissue  
X .. Lesion present A .. Autolysis precludes evaluation  
I .. Insufficient tissue BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
1) Minimal 3) Moderate  
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Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

|   |  | DAY ON TEST | females<br>(cont...) |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|---|--|-------------|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| B6C3F1 MICE FEMALE                                    |  |             | 0732                 | 0731   | 0730   | 0732   | 0733   | 0632   | 0633   | 0732   | 0733   | 0632   | 0533   | 0732   | 0733   | 0632   | 0733   | 0732   | 0733   | 0732   | 0733   | 0532   | 0733   | 0732   | 0532   |
| Control   |  | ANIMAL ID   | 001011               | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 |
| Bronchiole, Hyperplasia                               |  |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Interstitium, Inflammation, Chronic Active            |  |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Perivascular, Inflammation, Chronic Active            |  |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Nose  |  |             | +                    | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |        |
| Inflammation, Chronic Active                          |  |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1      |
| Necrosis  |  |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Olfactory Epithelium, Accumulation, Hyaline Droplet   |  | 1           | 1                    | 2      | 2      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 2      |
| Olfactory Epithelium, Atrophy                         |  |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Olfactory Epithelium, Metaplasia, Respiratory         |  |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Respiratory Epithelium, Accumulation, Hyaline Droplet |  | 1           | 1                    | 2      | 1      | 2      | 1      |        | 2      | 1      | 1      |        |        |        |        |        |        |        |        |        |        |        |        | 2      |        |
| Respiratory Epithelium, Hyperplasia                   |  | 1           | 2                    |        | 1      | 2      | 2      |        | 2      |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 2      |        |
| Trachea   |  |             | +                    | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |        |        |
| SPECIAL SENSES SYSTEM                                 |  |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Eye   |  |             | +                    | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |        |
| Lens, Degeneration                                    |  |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Harderian Gland                                       |  |             | +                    | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |        |
| Atrophy   |  |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Hyperplasia   |  |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1      |
| URINARY SYSTEM  |  |             | +                    | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |        |
| Kidney  |  |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Accumulation, Hyaline Droplet                         |  |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Infarct   |  |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

|                                |  | DAY ON TEST | B6C3F1 MICE FEMALE |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | females<br>(cont...) |
|--------------------------------|--|-------------|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|
|                                |  |             | 0732               | 0731   | 0730   | 0732   | 0733   | 0632   | 0633   | 0732   | 0733   | 0632   | 0533   | 0732   | 0733   | 0632   | 0733   | 0732   | 0733   | 0732   | 0733   | 0732   | 0733   | 0532   | 0533   |        |                      |
|                                |  | ANIMAL ID   | 001011             | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 | 001011 |                      |
| Necrosis                       |  |             |                    |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                      |
| Nephropathy                    |  |             | 2                  | 2      | 1      | 2      | 2      | 1      | 2      | 2      | 2      | 1      | 1      | 1      | 2      | 2      | 2      | 2      | 2      | 2      | 1      | 2      | 2      | 1      | 2      | 1      |                      |
| Glomerulus, Amyloid Deposition |  |             |                    |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                      |
| Urinary Bladder                |  |             | +                  | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |                      |
| Angiectasis                    |  |             |                    |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                      |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

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Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

|  |  | DAY ON TEST | B6C3F1 MICE FEMALE    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |  |
|--|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
|  |  |             | 0<br>7<br>3<br>1      | 0<br>6<br>8<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      |                       |                       |                       |  |
|  |  | Control     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|  |  | ANIMAL ID   | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>0 |  |
|  |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |

## ALIMENTARY SYSTEM

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |       |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|-------|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 50 |       |
| Gallbladder               | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |    |       |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |       |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |    |       |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |       |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |    |       |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |    |       |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |    |       |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |       |
| Basophilic Focus          |   | X |   | X |   | X |   | X |   | X |   | X |   | X |   | X |   | X |   | X |   | X |   | X |   | X  | 6  |       |
| Clear Cell Focus          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    | 1     |
| Eosinophilic Focus        |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    | 6     |
| Fatty Change              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    | 3 2.0 |
| Mixed Cell Focus          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    | 2     |
| Necrosis                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    | 2 2.0 |
| Tension Lipidosis         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    | 6 1.3 |
| Vacuolization Cytoplasmic |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    | 1 1.0 |
| Mesentery                 |   | + |   | + |   | + | + | + |   | + | + | + |   | + |   | + | + | + | + | + | + |   | + |   | + | 16 |    |       |
| Angiectasis               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    | 1 2.0 |
| Cyst                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    | 1 3.0 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

|                                      |  | DAY ON TEST | B6C3F1 MICE FEMALE         |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | * TOTALS                   |                            |
|--------------------------------------|--|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|                                      |  |             | 0<br>7<br>3<br>1           | 0<br>6<br>8<br>1           | 0<br>7<br>3<br>3           | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>2           |                            |                            |                            |
|                                      |  | ANIMAL ID   | 0<br>0<br>0<br>1<br>2<br>6 | 0<br>0<br>0<br>1<br>2<br>7 | 0<br>0<br>0<br>1<br>2<br>8 | 0<br>0<br>0<br>1<br>2<br>9 | 0<br>0<br>0<br>1<br>2<br>0 | 0<br>0<br>0<br>1<br>2<br>1 | 0<br>0<br>0<br>1<br>2<br>2 | 0<br>0<br>0<br>1<br>2<br>3 | 0<br>0<br>0<br>1<br>2<br>4 | 0<br>0<br>0<br>1<br>2<br>5 | 0<br>0<br>0<br>1<br>2<br>6 | 0<br>0<br>0<br>1<br>2<br>7 | 0<br>0<br>0<br>1<br>2<br>8 | 0<br>0<br>0<br>1<br>2<br>9 | 0<br>0<br>0<br>1<br>2<br>0 | 0<br>0<br>0<br>1<br>2<br>1 | 0<br>0<br>0<br>1<br>2<br>2 | 0<br>0<br>0<br>1<br>2<br>3 | 0<br>0<br>0<br>1<br>2<br>4 | 0<br>0<br>0<br>1<br>2<br>5 | 0<br>0<br>0<br>1<br>2<br>6 | 0<br>0<br>0<br>1<br>2<br>7 |
| Inflammation, Chronic Active         |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 2                          | 1 2.0                      |
| Fat, Necrosis                        |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 11                         | 1.5                        |
| Pancreas                             |  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |                            |
| Fibrosis                             |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          | 4.0                        |
| Inflammation, Chronic Active         |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          | 2.0                        |
| Acinus, Atrophy                      |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          | 3.0                        |
| Salivary Glands                      |  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |                            |
| Stomach, Forestomach                 |  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |
| Fibrosis                             |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          | 1.0                        |
| Hyperplasia, Squamous                |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          | 4.0                        |
| Stomach, Glandular                   |  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |
| Degeneration, Hyaline                |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          | 1.0                        |
| Inflammation, Chronic Active         |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          | 1.0                        |
| Tooth                                |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          |                            |
| Dysplasia                            |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          | 3.0                        |
| <b>CARDIOVASCULAR SYSTEM</b>         |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |
| Blood Vessel                         |  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | M                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 46                         |
| Aorta, Embolus Bacterial             |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          | 3.0                        |
| Heart                                |  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |
| Cardiomyopathy                       |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          | 2.0                        |
| Necrosis                             |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          | 2.0                        |
| Artery, Inflammation, Chronic Active |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          | 3.0                        |
| 3                                    |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

|                        |  | DAY ON TEST | B6C3F1 MICE FEMALE    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |  |
|------------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
|                        |  |             | 0<br>7<br>3<br>1      | 0<br>6<br>8<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      |                       |                       |                       |  |
|                        |  | ANIMAL ID   | Control               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                        |  |             | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>0 |  |
| Capillary, Hyperplasia |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0                 |  |

## ENDOCRINE SYSTEM

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |        |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|--------|
| Adrenal Cortex               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49    |        |
| Angiectasis                  | 1 | 2 |   | 2 |   | 1 |   |   | 1 |   |   | 1 |   |   | 1 |   |   | 1 |   |   | 1 |   |   |   |   | 1 2.0 |        |
| Hyperplasia                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       | 10 1.3 |
| Vacuolization Cytoplasmic    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       | 2 2.5  |
| Adrenal Medulla              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49    |        |
| Hyperplasia                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       | 2 1.5  |
| Islets, Pancreatic           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |        |
| Parathyroid Gland            | M | + | M | + | M | + | M | + | M | + | M | + | M | + | M | + | M | + | M | M | M | M | M | M | M | 26    |        |
| Hyperplasia                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       | 1 4.0  |
| Pituitary Gland              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |        |
| Angiectasis                  | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       | 2 2.5  |
| Pars Distalis, Hyperplasia   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       | 17 1.9 |
| Thyroid Gland                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |        |
| C-cell, Hyperplasia          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       | 1 3.0  |
| Follicular Cell, Hyperplasia |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       | 1 2.0  |

## GENERAL BODY SYSTEM

|  |   |       |
|--|---|-------|
| Tissue NOS                                     | + | 3     |
| Mediastinum, Infiltration Cellular, Lymphocyte | 3 | 1 3.0 |
| Mediastinum, Thrombosis                        |   | 1 1.0 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

## **GENITAL SYSTEM**

## **HEMATOPOIETIC SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X.. Lesion present

| .. Insufficient tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

|  |         | DAY ON TEST | 0<br>7<br>3<br>1      | 0<br>6<br>8<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>0      |                       |          |    |       |    | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  |         | ANIMAL ID   | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>2<br>5 | * TOTALS |    |       |    |
| B6C3F1 MICE FEMALE                       | Control |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    |       |    |
| Iliac, Ectasia                           |         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    | 1 4.0 |    |
| Iliac, Hyperplasia, Lymphoid             |         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    | 1 1.0 |    |
| Lumbar, Ectasia                          |         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    | 1 1.0 |    |
| Pancreatic, Inflammation, Chronic Active |         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    | 1 4.0 |    |
| Renal, Ectasia                           |         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    | 1 4.0 |    |
| Lymph Node, Bronchial                    |         |             | +                     | +                     | M                     | +                     | M                     | +                     | +                     | M                     | +                     | +                     | +                     | M                     | M                     | M                     | M                     | M                     | +                     | M                     | M                     | +                     | +                     | +        | 26 |       |    |
| Lymph Node, Mandibular                   |         |             | +                     | +                     | +                     | +                     | M                     | +                     | +                     | M                     | M                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +        | +  | 41    |    |
| Lymph Node, Mediastinal                  |         |             | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | +  | 43    |    |
| Lymph Node, Mesenteric                   |         |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | +  | 48    |    |
| Infiltration Cellular, Histiocyte        |         |             | 3                     | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    | 1 2.0 |    |
| Spleen                                   |         |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | +  | 50    |    |
| Hematopoietic Cell Proliferation         |         |             | 4                     | 2.3                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    |       |    |
| Thymus                                   |         |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | M  | +     | 44 |
| Atrophy                                  |         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    | 2 1.5 |    |
| Hyperplasia, Lymphoid                    |         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    | 1 3.0 |    |

## INTEGUMENTARY SYSTEM

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |         |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---------|
| Mammary Gland          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |         |
| Hyperplasia            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 1.0   |
| Skin                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |         |
| Ulcer                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 3.0   |
| Epidermis, Hyperplasia |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 1.2.0 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

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Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

|                    |         | DAY ON TEST | 0<br>7<br>3<br>1      | 0<br>6<br>8<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>0 |                  |                  |                  |                  |          |
|--------------------|---------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|
|                    |         | ANIMAL ID   | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>3<br>2 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>4 | 0<br>0<br>1<br>5 | 0<br>0<br>1<br>6 | 0<br>0<br>1<br>7 | 0<br>0<br>1<br>8 | 0<br>0<br>1<br>9 | 0<br>0<br>1<br>0 | 0<br>0<br>1<br>1 | 0<br>0<br>1<br>2 | 0<br>0<br>1<br>3 | 0<br>0<br>1<br>4 | 0<br>0<br>1<br>5 | 0<br>0<br>1<br>6 | 0<br>0<br>1<br>7 | * TOTALS |
| B6C3F1 MICE FEMALE | Control |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |

## MUSCULOSKELETAL SYSTEM

Bone

Fibro-Osseous Lesion

Cartilage, Femur, Metaphysis, Hyperplasia

Cranium, Inflammation, Chronic Active

Femur, Fracture

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |        |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|--------|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |        |
| 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 23 1.4 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 4.0  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 3.0  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1      |

Skeletal Muscle

Infiltration Cellular, Lymphocyte

3

3 1.3

## NERVOUS SYSTEM

Brain

Compression

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |       |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-------|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 3 2.7 |

Peripheral Nerve

Infiltration Cellular, Mixed Cell

2

1 1.0

Spinal Cord

3

## RESPIRATORY SYSTEM

Larynx

Metaplasia, Squamous

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |       |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-------|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |       |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 1.0 |

Lung

Hemorrhage

Infiltration Cellular, Histiocyte

Alveolar Epithelium, Hyperplasia

Alveolus, Infiltration Cellular, Histiocyte

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |       |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-------|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 2.0 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 4 1.0 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 4 1.5 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 1.0 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

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2) Mild 4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

Date Report Requested: 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

## Lab: BNW

\* Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

± .. Tissue examined microscopically

#### M - Missing tissue

X - Lesion present

A - Autolysis precludes evaluation

| .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 ... Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

|                                |  | DAY ON TEST | B6C3F1 MICE FEMALE    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|--------------------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                                |  |             | 0<br>7<br>3<br>1      | 0<br>6<br>8<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      |                       |                       |          |
|                                |  | Control     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
|                                |  | ANIMAL ID   | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 |          |
| Necrosis                       |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0    |
| Nephropathy                    |  |             | 1                     | 1                     | 1                     | 2                     | 2                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 2                     | 2                     | 1                     | 2                     | 1                     | 2                     | 1                     | 1                     | 2                     | 1                     | 47 1.5   |
| Glomerulus, Amyloid Deposition |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 4.0    |
| Urinary Bladder                |  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Angiectasis                    |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0    |
|                                |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 03/08/2013

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

Metal working fluids (CIMSTAR 3800)

**CAS Number:** CIMSTAR3800

Time Report Requested: 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

# ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

## CARDIOVASCULAR SYSTEM

## Blood Vessel

Heart

## Cardiomyopathy

## Congestion

## Necrosis

\* Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ Tissue examined microscopically

X Lesion present

| ... Insufficient tissue

#### M Missing tissue

#### A Autolysis precludes evaluation

BLANK - Not examined microscopically

#### 1.4 Lesion qualified as:

Lesion qualified as:

2) Mild      4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

# **ENDOCRINE SYSTEM**

Adrenal Cortex  
Degeneration, Cystic  
Hyperplasia  
Vacuolization Cytoplasmic

## Adrenal Medulla Hyperplasia

## Islets, Pancreatic

Parathyroid Gland  
Cyst

Pituitary Gland  
Angiectasis  
Pars Distalis, Cyst  
Pars Distalis, Hyperplasia

**Thyroid Gland**  
Inflammation, Chronic Active  
C-cell, Hyperplasia  
Follicle, Cyst  
Follicular Cell, Hyperplasia

## **GENERAL BODY SYSTEM**

## Tissue NOS

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically M .. Missing tissue  
 X .. Lesion present A .. Autolysis precludes evaluation  
 I .. Insufficient tissue BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

Date Report Requested: 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

## **GENITAL SYSTEM**

## **HEMATOPOIETIC SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X.. Lesion present

| .. Insufficient tissue

M .. Missing tissue

#### A. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked



Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

| B6C3F1 MICE FEMALE<br>10 mg/m <sup>3</sup>            | DAY ON TEST<br>ANIMAL ID | females<br>(cont...)  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
|---|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|
|   |                          | 0<br>6<br>7<br>7<br>2 | 0<br>7<br>3<br>3<br>3 | 0<br>7<br>3<br>3<br>9 | 0<br>5<br>9<br>7<br>7 | 0<br>6<br>7<br>3<br>3 | 0<br>7<br>3<br>3<br>3 | 0<br>7<br>3<br>3<br>2 | 0<br>7<br>3<br>3<br>5 | 0<br>7<br>3<br>3<br>7 | 0<br>7<br>3<br>3<br>3 | 0<br>7<br>3<br>3<br>2 | 0<br>7<br>3<br>3<br>3 | 0<br>7<br>3<br>3<br>1 | 0<br>7<br>3<br>3<br>3 | 0<br>7<br>3<br>3<br>3 | 0<br>7<br>3<br>3<br>2 | 0<br>7<br>3<br>3<br>3 | 0<br>7<br>3<br>3<br>2 | 0<br>7<br>3<br>3<br>1 | 0<br>7<br>3<br>3<br>2 | 0<br>7<br>3<br>3<br>2 | 0<br>7<br>3<br>3<br>2 | 0<br>7<br>3<br>3<br>2 |   |
| Olfactory Epithelium, Accumulation, Hyaline Droplet   |                          | 3<br>3<br>1<br>2<br>1 | 3<br>7<br>3<br>3<br>4 | 1<br>7<br>3<br>3<br>5 | 2<br>6<br>6<br>9<br>6 | 2<br>3<br>3<br>3<br>7 | 3<br>7<br>3<br>3<br>8 | 1<br>0<br>0<br>9<br>0 | 1<br>1<br>0<br>1<br>1 | 2<br>2<br>1<br>2<br>3 | 2<br>2<br>1<br>2<br>3 | 2<br>2<br>1<br>2<br>3 | 2<br>2<br>1<br>2<br>4 | 2<br>1<br>1<br>5<br>4 | 2<br>1<br>1<br>6<br>5 | 2<br>1<br>1<br>7<br>6 | 2<br>1<br>1<br>8<br>7 | 2<br>1<br>1<br>9<br>8 | 2<br>1<br>1<br>0<br>9 | 2<br>1<br>1<br>1<br>0 | 2<br>1<br>1<br>2<br>1 | 2<br>1<br>1<br>2<br>1 | 2<br>1<br>1<br>2<br>1 | 2<br>1<br>1<br>2<br>1 |   |
| Olfactory Epithelium, Atrophy                         |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Olfactory Epithelium, Metaplasia, Respiratory         |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Respiratory Epithelium, Accumulation, Hyaline Droplet |                          | 1<br>1<br>1<br>1<br>1 | 3<br>3<br>3<br>3<br>3 | 1<br>3<br>3<br>3<br>3 | 2<br>2<br>2<br>2<br>2 | 1<br>1<br>1<br>1<br>1 | 1<br>1<br>1<br>1<br>1 | 1<br>1<br>1<br>1<br>1 | 1<br>1<br>1<br>1<br>1 | 2<br>2<br>2<br>2<br>2 | 2<br>2<br>2<br>2<br>2 | 2<br>2<br>2<br>2<br>2 | 1<br>1<br>1<br>1<br>1 | 2<br>2<br>2<br>2<br>2 | 2<br>2<br>2<br>2<br>2 | 2<br>2<br>2<br>2<br>2 |                       |   |
| Respiratory Epithelium, Hyperplasia                   |                          | 2<br>2<br>1<br>2<br>2 | 2<br>2<br>2<br>2<br>2 | 1<br>1<br>1<br>1<br>1 | 2<br>2<br>2<br>2<br>2 | 1<br>1<br>1<br>1<br>1 | 1<br>1<br>1<br>1<br>1 | 1<br>1<br>1<br>1<br>1 | 1<br>1<br>1<br>1<br>1 | 2<br>2<br>2<br>2<br>2 | 2<br>2<br>2<br>2<br>2 | 2<br>2<br>2<br>2<br>2 | 1<br>1<br>1<br>1<br>1 | 2<br>2<br>2<br>2<br>2 | 2<br>2<br>2<br>2<br>2 | 1<br>1<br>1<br>1<br>1 |                       |   |
| Respiratory Epithelium, Metaplasia, Squamous          |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Respiratory Epithelium, Necrosis                      |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Trachea   |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |
| <b>SPECIAL SENSES SYSTEM</b>                          |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Eye   |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |
| Cornea, Inflammation, Chronic Active                  |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Harderian Gland                                       |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |
| Hyperplasia   |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Inflammation, Chronic Active                          |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| 4   |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| <b>URINARY SYSTEM</b>                                 |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Kidney  |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |
| Accumulation, Hyaline Droplet                         |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Infarct   |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Metaplasia, Osseous                                   |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Nephropathy   |                          | 3<br>2<br>2<br>1<br>2 | 2<br>2<br>2<br>1<br>1 | 2<br>2<br>1<br>1<br>1 | 2<br>2<br>2<br>2<br>2 | 2<br>2<br>1<br>1<br>1 |   |
| Urethra   |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

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X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 03/08/2013

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

## Metal working fluids (CIMSTAR 3800)

**CAS Number:** CIMSTAR3800

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

## Urinary Bladder

Artery, Serosa, Inflammation, Chronic Active

females  
(cont...)

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grad

+ .. Tissue examined microscopically

## M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

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**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 03/08/2013

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

## Metal working fluids (CIMSTAR 3800)

**CAS Number:** CIMSTAR3800

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

| B6C3F1 MICE FEMALE<br>10 mg/m3 |     | DAY ON TEST | ANIMAL ID |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | * TOTALS |     |     |     |
|--------------------------------|-----|-------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------|-----|-----|-----|
|                                |     |             | 077       | 055 | 075 | 073 | 073 | 057 | 050 | 075 | 073 | 063 | 073 | 073 | 069 | 073 | 055 | 073 | 073 | 073 | 073 | 073 | 073      | 073 | 073 |     |
| 000                            | 000 | 000         | 000       | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000      | 000 | 000 |     |
| 333                            | 333 | 333         | 333       | 333 | 333 | 333 | 333 | 333 | 333 | 333 | 333 | 333 | 333 | 333 | 333 | 333 | 333 | 333 | 333 | 333 | 333 | 333 | 333      | 333 | 333 | 333 |
| 222                            | 222 | 222         | 233       | 233 | 233 | 233 | 233 | 233 | 233 | 233 | 233 | 233 | 233 | 233 | 233 | 233 | 233 | 233 | 233 | 233 | 233 | 233 | 233      | 233 | 233 | 233 |
| 667                            | 788 | 899         | 000       | 111 | 222 | 333 | 444 | 555 | 666 | 777 | 888 | 999 | 000 | 111 | 222 | 333 | 444 | 555 | 666 | 777 | 888 | 999 | 000      | 111 | 222 | 333 |

# ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

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1-4 .. Lesion qualified as:

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Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

| B6C3F1 MICE FEMALE                 | DAY ON TEST |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | * TOTALS                             |          |
|------------------------------------|-------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|----------|
|                                    |             | 0<br>7<br>3<br>3                     | 0<br>5<br>8<br>3                     | 0<br>7<br>5<br>2                     | 0<br>7<br>3<br>1                     | 0<br>5<br>9<br>8                     | 0<br>7<br>3<br>3                     | 0<br>5<br>3<br>8                     | 0<br>7<br>3<br>3                     | 0<br>6<br>9<br>2                     | 0<br>7<br>3<br>2                     | 0<br>5<br>5<br>2                     | 0<br>7<br>3<br>3                     | 0<br>7<br>3<br>1                     | 0<br>7<br>3<br>3                     | 0<br>7<br>3<br>2                     | 0<br>7<br>3<br>2                     | 0<br>7<br>3<br>2                     | 0<br>7<br>3<br>2                     | 0<br>7<br>3<br>2                     |                                      |                                      |          |
| 10 mg/m <sup>3</sup>               | ANIMAL ID   | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>6 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>7 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>8 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>9 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>0 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>1 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>2 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>3 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>4 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>5 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>6 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>7 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>8 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>9 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>0 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>1 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>2 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>3 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>4 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>5 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>6 | * TOTALS |
| Tension Lipidosis                  |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | 5 1.0                                |          |
| Centrilobular, Degeneration, Acute |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | 1 2.0                                |          |
| Centrilobular, Necrosis            |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | 1 2.0                                |          |
| Mesentery                          |             | +                                    | +                                    | +                                    |                                      | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    |                                      |                                      |                                      |                                      | +                                    | +                                    | +                                    | +                                    | 23                                   |                                      |          |
| Inflammation, Chronic Active       |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | 1 2.0                                |          |
| Necrosis                           |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | 1 1.0                                |          |
| Fat, Necrosis                      |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | 17 1.7                               |          |
| Pancreas                           |             | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | 50                                   |                                      |          |
| Cyst                               |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | 1 3.0                                |          |
| Lipomatosis                        |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | 1 2.0                                |          |
| Salivary Glands                    |             | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | 50                                   |                                      |          |
| Stomach, Forestomach               |             | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | 50                                   |                                      |          |
| Hyperplasia, Squamous              |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | 1 3.0                                |          |
| Ulcer                              |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | 1 1.0                                |          |
| Stomach, Glandular                 |             | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | 50                                   |                                      |          |
| <b>CARDIOVASCULAR SYSTEM</b>       |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |          |
| Blood Vessel                       |             | +                                    | +                                    | +                                    | +                                    | M                                    | +                                    | +                                    | +                                    | I                                    | +                                    | +                                    | +                                    | M                                    | I                                    | +                                    | +                                    | +                                    | M                                    | +                                    | +                                    | 44                                   |          |
| Heart                              |             | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | 50                                   |                                      |          |
| Cardiomyopathy                     |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | 3 2.0                                |          |
| Congestion                         |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | 1 1.0                                |          |
| Necrosis                           |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | 1 2.0                                |          |
| Thrombosis                         |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | 1 3.0                                |          |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

Date Report Requested: 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

# **ENDOCRINE SYSTEM**

## **GENERAL BODY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically M .. Missing tissue  
 X .. Lesion present A .. Autolysis precludes evaluation  
 | .. Insufficient tissue BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

Date Report Requested: 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

## Lab: BNW

| B6C3F1 MICE FEMALE<br>10 mg/m3 |   | DAY ON TEST | Survival Status |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | * TOTALS |    |          |
|--------------------------------|---|-------------|-----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------|----|----------|
|                                |   |             | 0               | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0        |    |          |
|                                |   | ANIMAL ID   | 07              | 05 | 07 | 06 | 07 | 05 | 07 | 05 | 07 | 06 | 07 | 07 | 07 | 06 | 07 | 05 | 07 | 07 | 07 | 07 | 07       | 07 | * TOTALS |
|                                |   |             | 33              | 33 | 22 | 55 | 21 | 88 | 33 | 83 | 33 | 43 | 33 | 31 | 22 | 88 | 32 | 33 | 31 | 31 | 33 | 33 | 33       | 32 | 32       |
| 0                              | 0 | 0           | 0               | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0        | 0  |          |
| 0                              | 0 | 0           | 0               | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0        | 0  |          |
| 3                              | 3 | 3           | 3               | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3        | 3  |          |
| 2                              | 2 | 2           | 2               | 2  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 4  | 4  | 4  | 4  | 4  | 4  | 4        | 5  |          |
| 6                              | 7 | 8           | 9               | 0  | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 0  | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9        | 0  |          |

## **GENITAL SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |        |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|--------|
| Clitoral Gland                    | + | + | + | + | + | + | M | + | M | + | + | + | + | + | + | + | + | + | + | + | + | 45 |        |
| Inflammation, Chronic Active      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 1.0  |
| Ovary                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |        |
| Angiectasis                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 1.5  |
| Cyst                              |   | 2 |   | 1 |   |   |   |   |   | 2 | 2 | 1 | 3 |   |   |   |   |   |   |   |   |    | 12 2.0 |
| Hemorrhage                        | 1 |   |   |   | 1 |   |   |   |   | 1 | 1 | 1 | 1 | 2 |   |   |   |   |   |   |   |    | 16 1.1 |
| Infiltration Cellular, Lymphocyte |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 2.0  |
| Inflammation, Chronic Active      |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |    | 2 3.0  |
| Corpus Luteum, Hyperplasia        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 2.0  |
| Uterus                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |        |
| Angiectasis                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 3 2.3  |
| Dilatation                        |   |   |   |   |   |   |   |   |   | 2 |   | 3 |   |   |   |   |   |   |   |   |   |    | 5 2.2  |
| Inflammation, Chronic Active      |   |   |   |   |   |   |   |   | 2 |   | 2 |   |   |   |   |   |   |   |   |   |   |    | 2 2.0  |
| Endometrium, Hyperplasia, Cystic  | 3 | 2 | 1 |   |   |   |   |   |   | 2 | 2 | 1 | 2 | 2 |   |   | 2 | 2 | 2 | 3 |   | 2  | 29 1.9 |

## **HEMATOPOIETIC SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

### M .. Missing tissue

X.. Lesion present

I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

Date Report Requested: 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

## Lab: BNW

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

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BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

| B6C3F1 MICE FEMALE |  | DAY ON TEST | ANIMAL ID |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|--------------------|--|-------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|                    |  |             | 077       | 055 | 073 | 063 | 070 | 059 | 073 | 050 | 073 | 063 | 073 | 073 | 069 | 073 | 052 | 073 | 073 | 073 | 073 | 073 | 073 | 073 | 073 |     |
| 10 mg/m3           |  |             | 000       | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 |     |
|                    |  | ANIMAL ID   | 066       | 077 | 088 | 099 | 000 | 011 | 022 | 033 | 044 | 055 | 066 | 077 | 088 | 099 | 000 | 011 | 022 | 033 | 044 | 055 | 066 | 077 | 088 | 099 |

**\* TOTALS**

## Skeletal Muscle Infiltration Cellular, Lymphocyte

3

1 1.0

## **NERVOUS SYSTEM**

# Brain Compression

## Peripheral Nerve Degeneration Infiltration Cellular, Polymorphonuclear

+ 3  
2 1 2.0  
2 1 2.0

## Spinal Cord Infiltration Cellular, Lymphocyte

+ 3  
1 19

## RESPIRATORY SYSTEM

Larynx  
Metaplasia. Squamous

+ + + + + + + + + + + + + + + | + + + + + + + + + + + + 49  
2 1 1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 2 2 2 1 2 1 49 11

- Lung
  - Hemorrhage
  - Infiltration Cellular, Histiocyte
  - Infiltration Cellular, Lymphocyte
  - Metaplasia, Osseous
  - Alveolar Epithelium, Hyperplasia
  - Bronchiole, Hyperplasia
  - Perivascular, Inflammation, Ch

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grad

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

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M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

A .. Autolysis precludes evaluation

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

|  |           | DAY ON TEST                | B6C3F1 MICE FEMALE         |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |    | * TOTALS |
|--|-----------|----------------------------|----------------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|----|----------|
|  |           |                            | 0<br>7<br>3<br>3           | 0<br>5<br>8<br>3           | 0<br>7<br>0<br>1      | 0<br>5<br>9<br>8      | 0<br>7<br>3<br>3      | 0<br>5<br>0<br>8      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>1      | 0<br>6<br>9<br>8      | 0<br>7<br>3<br>2      | 0<br>5<br>5<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2 |    |          |
| 10 mg/m <sup>3</sup>   | ANIMAL ID | 0<br>0<br>3<br>3<br>2<br>6 | 0<br>0<br>3<br>3<br>2<br>7 | 0<br>0<br>3<br>3<br>2<br>8 | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>3<br>2 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>6 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>3<br>9 | 0<br>0<br>3<br>4<br>0 | 0<br>0<br>3<br>4<br>1 | 0<br>0<br>3<br>4<br>2 | 0<br>0<br>3<br>4<br>3 | 0<br>0<br>3<br>4<br>4 | 0<br>0<br>3<br>4<br>5 | 0<br>0<br>3<br>4<br>6 | 0<br>0<br>3<br>4<br>7 | 0<br>0<br>3<br>4<br>8 | 0<br>0<br>3<br>4<br>9 | 0<br>0<br>3<br>5<br>0 |                  |    |          |
|  |           | +                          | +                          | +                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                | 50 |          |
| Urinary Bladder Artery, Serosa, Inflammation, Chronic Active |           | 1                          | 3.0                        |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |    |          |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

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I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 03/08/2013

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

#### Metal working fluids (CIMSTAR 3800)

**CAS Number:** CIMSTAR3800

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

# ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

Date Report Requested: 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

\* Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

± .. Tissue examined microscopically

X - Lesion present

| .. Insufficient tissue

#### M .. Missing tissue

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1-4 ... Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked





**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

Date Report Requested: 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

\* Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

± .. Tissue examined microscopically

X Lesion present

X .. Lesion present

### M Missing tissue

A Autolysis precludes e

BLANK Not examined microscopically

#### 1-4 Lesion qualified as:

1) Minimal 3) Moderate

1) Minimal 3) Moderate  
2) Mild 4) Marked





Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

|                    |          | DAY ON TEST | 0<br>7 | 0<br>5 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>4 | 0<br>7 | 0<br>6 | 0<br>7 | 0<br>7 | 0<br>6 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 |        | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                    |          | ANIMAL ID   | 3<br>2 | 7<br>6 | 3<br>6 | 3<br>3 | 3<br>1 | 3<br>2 | 0<br>0 | 3<br>3 | 3<br>2 | 3<br>2 | 3<br>2 | 3<br>2 | 4<br>4 | 1<br>1 | 8<br>8 | 2<br>2 | 3<br>3 | 8<br>8 | 1<br>1 | 3<br>3 | 9<br>9 | 2<br>2 |
| B6C3F1 MICE FEMALE | 30 mg/m3 |             | 0<br>0 |        |
|                    |          |             | 0<br>0 | 5<br>5 |        |
|                    |          |             | 0<br>1 | 0<br>2 | 0<br>3 | 0<br>4 | 0<br>5 | 0<br>6 | 7<br>7 | 8<br>8 | 9<br>9 | 0<br>0 | 1<br>1 | 1<br>2 | 3<br>3 | 4<br>4 | 5<br>5 | 6<br>6 | 7<br>7 | 8<br>8 | 9<br>9 | 0<br>0 | 1<br>1 | 2<br>2 |

2

1

Angiectasis

Arteriole, Inflammation, Chronic Active

females  
(cont...)

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 03/08/2013

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

## Metal working fluids (CIMSTAR 3800)

**Time Report Requested:** 14:13:47

**Species/Strain:** MICE/B6C3F1

**CAS Number:** CIMSTAR3800

**First Dose M/F:** 05/05/08 / 05/05/08

**Species/Strain:** MICE/B6C3F1

Lab: BNW

# ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X.. Lesion present

| .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

|                    |          | DAY ON TEST | B6C3F1 MICE FEMALE         |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | * TOTALS |
|--------------------|----------|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------|
|                    |          |             | 0<br>7<br>3<br>3           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>2           | 0<br>7<br>5                | 0<br>6<br>7                | 0<br>4<br>3                | 0<br>3<br>1                | 0<br>7<br>3                | 0<br>3<br>3                | 0<br>7<br>2                | 0<br>3<br>2                | 0<br>7<br>3                | 0<br>3<br>2                | 0<br>7<br>3                | 0<br>9<br>5                | 0<br>7<br>3                | 0<br>3<br>1                | 0<br>7<br>5                | 0<br>7<br>0                | 0<br>7<br>5                | 0<br>7<br>0                | 0<br>7<br>5                | 0<br>7<br>0                |                            |          |
|                    |          | ANIMAL ID   | 0<br>0<br>5<br>5<br>2<br>6 | 0<br>0<br>5<br>5<br>2<br>7 | 0<br>0<br>5<br>5<br>3<br>8 | 0<br>0<br>5<br>5<br>3<br>9 | 0<br>0<br>5<br>5<br>3<br>0 | 0<br>0<br>5<br>5<br>3<br>1 | 0<br>0<br>5<br>5<br>3<br>2 | 0<br>0<br>5<br>5<br>3<br>3 | 0<br>0<br>5<br>5<br>3<br>4 | 0<br>0<br>5<br>5<br>3<br>5 | 0<br>0<br>5<br>5<br>3<br>6 | 0<br>0<br>5<br>5<br>3<br>7 | 0<br>0<br>5<br>5<br>3<br>8 | 0<br>0<br>5<br>5<br>3<br>9 | 0<br>0<br>5<br>5<br>3<br>0 | 0<br>0<br>5<br>5<br>3<br>1 | 0<br>0<br>5<br>5<br>3<br>2 | 0<br>0<br>5<br>5<br>3<br>3 | 0<br>0<br>5<br>5<br>3<br>4 | 0<br>0<br>5<br>5<br>3<br>5 | 0<br>0<br>5<br>5<br>3<br>6 | 0<br>0<br>5<br>5<br>3<br>7 | 0<br>0<br>5<br>5<br>3<br>8 | 0<br>0<br>5<br>5<br>3<br>9 |          |
| B6C3F1 MICE FEMALE | 30 mg/m3 |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |

## CARDIOVASCULAR SYSTEM

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |       |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-------|
| Blood Vessel                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 | 1 3.0 |
| Inflammation, Chronic Active |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |       |

## ENDOCRINE SYSTEM

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |        |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|--------|
| Adrenal Cortex               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 | 1 1.0  |
| Atrophy                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |        |
| Hyperplasia                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |        |
| Adrenal Medulla              | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 | 2 1.5  |
| Hyperplasia                  |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |        |
| Islets, Pancreatic           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |        |
| Parathyroid Gland            | + | M | M | M | + | M | + | + | M | M | M | M | M | M | M | + | + | M | + | + | + | M | M | + | M | 22 |        |
| Pituitary Gland              | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 | 19 1.8 |
| Pars Distalis, Hyperplasia   |   |   |   |   | 1 | 2 | 2 |   | 2 |   | 2 |   | 1 |   |   | 4 | 1 | 2 | 3 |   |   |   |   |   |   |    |        |
| Thyroid Gland                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 | 2 1.5  |
| Inflammation, Chronic Active |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |        |
| Follicular Cell, Hyperplasia |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |        |

## GENERAL BODY SYSTEM

|  |                                       |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---------------------------------------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| * .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade |                                       |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| + .. Tissue examined microscopically   | M .. Missing tissue                   |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X .. Lesion present  | A .. Autolysis precludes evaluation   |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I .. Insufficient tissue   | BLANK .. Not examined microscopically |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1-4 .. Lesion qualified as:           |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1) Minimal                            | 3) Moderate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 2) Mild                               | 4) Marked   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

Date Report Requested: 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

**\* TOTALS**

**NONE**

## **GENITAL SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |     |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|-----|
| Clitoral Gland                    | + | + | + | + | + | M | M | + | + | + | + | + | + | + | M | + | + | + | + | + | M | + | + | M | 43 |     |     |
| Inflammation, Chronic Active      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1   | 3.0 |
| Ovary                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | 48 |     |     |
| Cyst                              |   |   |   |   |   | 3 | 3 |   | 2 | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 12  | 1.9 |
| Hemorrhage                        |   |   |   |   |   |   | 1 |   |   |   | 2 | 2 | 2 |   |   |   | 1 |   |   |   |   |   |   |   |    | 7   | 1.4 |
| Infiltration Cellular, Lymphocyte |   |   |   |   |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1   | 1.0 |
| Inflammation, Chronic Active      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 3   | 3.3 |
| Uterus                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |     |     |
| Angiectasis                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1   | 3.0 |
| Dilatation                        |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   | 8  | 3.1 |     |
| Inflammation, Chronic Active      | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 3   | 1.7 |
| Endometrium, Hyperplasia, Cystic  | 3 | 3 | 2 | 2 | 1 | 2 |   |   | 2 | 1 | 2 | 3 | 3 | 2 | 2 | 3 | 3 | 3 | 3 | 2 |   |   | 3 | 2 |    | 33  | 2.3 |

## **HEMATOPOIETIC SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|
| Bone Marrow                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Lymph Node                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 16    |
| Iliac, Hyperplasia, Lymphoid              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 1.0 |
| Lumbar, Ectasia                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 3.5 |
| Lumbar, Infiltration Cellular, Mixed Cell |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 1.0 |
| Renal, Ectasia                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 1.0 |
| Renal, Necrosis                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0 |
| Lymph Node, Bronchial                     | M | + | + | M | + | M | + | M | M | + | + | + | + | + | M | M | + | + | M | M | 28    |

\* Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

Date Report Requested: 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

## Lab: BNW

\* Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ Tissue examined microscopically

#### M Missing tissue

X Lesion present

X .. Lesion present

A Autolysis precludes evaluation

**BLANK** Not examined microscopically.

BLANK .. Not examined microscopically

#### 1-4 Lesion qualified as:

Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

Date Report Requested: 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X.. Lesion present

| .. Insufficient tissue

M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

| B6C3F1 MICE FEMALE<br>30 mg/m <sup>3</sup>            | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |             |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |
|---|--------------------------|------------------|------------------|------------------|------------------|------------------|-------------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|
|   |                          | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>1 | 0<br>6<br>8<br>1 | 0<br>7<br>3<br>2 | 0<br>6<br>7<br>5 | 0<br>4<br>7 | 0<br>3<br>1 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>2 | 0<br>5<br>9<br>5 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>1 | 0<br>5<br>9<br>2 |          |
| Olfactory Epithelium, Accumulation, Hyaline Droplet   |                          | 3                | 3                | 2                | 3                | 2                | 2           | 3           | 3                | 3                | 2                | 3                | 3                | 2                | 3                | 3                | 2                | 3                | 3                | 3                | 2                | 50 2.6   |
| Olfactory Epithelium, Metaplasia, Respiratory         |                          | 2                | 3                | 2                |                  |                  |             |             | 1                |                  | 2                | 2                | 1                |                  |                  |                  |                  |                  |                  |                  |                  | 12 1.6   |
| Respiratory Epithelium, Accumulation, Hyaline Droplet |                          | 3                | 3                | 2                | 3                | 2                | 2           | 3           | 3                | 3                | 2                | 3                | 3                | 2                | 3                | 3                | 2                | 1                | 3                | 3                | 2                | 50 2.6   |
| Respiratory Epithelium, Hyperplasia                   |                          | 1                | 2                |                  | 2                | 2                | 2           | 2           |                  | 2                | 2                |                  | 2                |                  | 2                | 1                | 1                | 1                | 1                | 2                | 1                | 39 1.6   |
| Trachea   |                          | +                | +                | +                | +                | +                | +           | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |
| <b>SPECIAL SENSES SYSTEM</b>                          |                          |                  |                  |                  |                  |                  |             |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Eye   |                          | +                | +                | +                | +                | +                | +           | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |
| Atrophy   |                          |                  |                  |                  |                  |                  |             |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 4.0    |
| Lens, Degeneration                                    |                          |                  |                  |                  |                  |                  |             |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 1.0    |
| Harderian Gland                                       |                          | +                | +                | +                | +                | +                | +           | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |
| Atrophy   |                          |                  |                  |                  |                  |                  |             |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |
| Hyperplasia   |                          |                  |                  |                  |                  |                  |             |             | 3                | 3                |                  |                  | 1                |                  |                  |                  |                  |                  |                  |                  |                  | 6 2.2    |
| Inflammation, Suppurative                             |                          |                  |                  |                  |                  |                  |             |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 1.0    |
| Inflammation, Chronic Active                          |                          |                  |                  |                  |                  |                  |             |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 1.0    |
| <b>URINARY SYSTEM</b>                                 |                          |                  |                  |                  |                  |                  |             |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Kidney  |                          | +                | +                | +                | +                | +                | +           | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |
| Infarct   |                          |                  |                  |                  |                  |                  |             |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4 2.0    |
| Metaplasia, Osseous                                   |                          |                  |                  |                  |                  |                  |             |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 1.5    |
| Nephropathy   |                          | 1                | 1                | 1                | 1                | 1                | 1           | 3           | 2                | 2                | 2                | 1                | 1                | 1                | 2                | 1                | 3                | 2                | 1                | 2                | 1                | 49 1.6   |
| Ureter  |                          |                  |                  |                  |                  |                  |             |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1        |
| Urinary Bladder                                       |                          | +                | +                | +                | +                | +                | +           | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

|  |  | DAY ON TEST | B6C3F1 MICE FEMALE         |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | * TOTALS                   |       |
|--|--|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------|
|  |  |             | 0<br>7<br>3<br>3           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>2           | 0<br>7<br>5                | 0<br>6<br>7                | 0<br>4<br>5                | 0<br>3<br>1                | 0<br>7<br>3                | 0<br>3<br>2                | 0<br>7<br>1                | 0<br>7<br>3                | 0<br>7<br>2                | 0<br>7<br>2                | 0<br>7<br>3                | 0<br>7<br>2                | 0<br>5<br>3                | 0<br>7<br>3                | 0<br>7<br>3                | 0<br>7<br>1                | 0<br>5<br>0                |                            |                            |                            |                            |                            |       |
|  |  | ANIMAL ID   | 0<br>0<br>5<br>5<br>2<br>6 | 0<br>0<br>5<br>5<br>2<br>7 | 0<br>0<br>5<br>5<br>2<br>8 | 0<br>0<br>5<br>5<br>2<br>9 | 0<br>0<br>5<br>5<br>3<br>0 | 0<br>0<br>5<br>5<br>3<br>1 | 0<br>0<br>5<br>5<br>3<br>2 | 0<br>0<br>5<br>5<br>3<br>3 | 0<br>0<br>5<br>5<br>3<br>4 | 0<br>0<br>5<br>5<br>3<br>5 | 0<br>0<br>5<br>5<br>3<br>6 | 0<br>0<br>5<br>5<br>3<br>7 | 0<br>0<br>5<br>5<br>3<br>8 | 0<br>0<br>5<br>5<br>3<br>9 | 0<br>0<br>5<br>5<br>4<br>0 | 0<br>0<br>5<br>5<br>4<br>1 | 0<br>0<br>5<br>5<br>4<br>2 | 0<br>0<br>5<br>5<br>4<br>3 | 0<br>0<br>5<br>5<br>4<br>4 | 0<br>0<br>5<br>5<br>4<br>5 | 0<br>0<br>5<br>5<br>4<br>6 | 0<br>0<br>5<br>5<br>4<br>7 | 0<br>0<br>5<br>5<br>4<br>8 | 0<br>0<br>5<br>5<br>4<br>9 | 0<br>0<br>5<br>5<br>5<br>0 |       |
|  |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 2.0 |
|  |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 1.0 |

Angiectasis

Arteriole, Inflammation, Chronic Active

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

| B6C3F1 MICE FEMALE | 100 mg/m <sup>3</sup> | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|--------------------|-----------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
|                    |                       |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
| ANIMAL ID          | 0                     | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|                    |                       | 0           | 7 | 7 | 5 | 7 | 7 | 4 | 2 | 5 | 6 | 5 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 5 | 7 | 7 | 5 |                      |
|                    |                       | 3           | 3 | 3 | 9 | 3 | 3 | 3 | 5 | 3 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 9 | 1 | 2 | 3 | 3 | 6 | 3 | 3 |                      |
|                    |                       | 3           | 1 | 2 | 6 | 3 | 2 | 3 | 0 | 6 | 4 | 6 | 3 | 3 | 2 | 1 | 3 | 2 | 1 | 2 | 3 | 2 | 3 | 3 | 1 | 4 |                      |
|                    |                       | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|                    |                       | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|                    |                       | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                      |
|                    |                       | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 |                      |
|                    |                       | 1           | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 |                      |

## ALIMENTARY SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Gallbladder                       | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | M |   |  |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Colon            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Inflammation, Chronic Active      |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Intestine Small, Duodenum         | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Ileum            | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Jejunum          | + | + | + | + | + | + | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Liver                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Amyloid Deposition                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Angiectasis                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Basophilic Focus                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Cyst                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Eosinophilic Focus                | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Fatty Change                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Infiltration Cellular, Lymphocyte |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Necrosis                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Tension Lipidosis                 | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Mesentery                         | + | + |   |   | + | + | M |   |   | + |   |   |   |   |   |   |   |   |   | + |   |   | + |   |   |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 03/08/2013

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

## Metal working fluids (CIMSTAR 3800)

**Time Report Requested:** 14:13:47

**Species/Strain:** MICE/B6C3F1

CAS Number: CIMSTAR3800

**First Dose M/F:** 05/05/08 / 05/05/08

**Species/Strain:** MICE/B6C3F1

Lab: BNW

## CARDIOVASCULAR SYSTEM

## Blood Vessel

## Aorta, Embolus Bacterial

#### Aorta, Inflammation, Suppurative

+ + + + + + + + M + + + + | + + + + + | + +

3 3

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

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**CAS Number:** CIMSTAR3800

**First Dose M/F:** 05/05/08 / 05/05/08

**Species/Strain:** MICE/B6C3F1

Lab: BNW

## **INTEGUMENTARY SYSTEM**

## Mammary Gland Hyperplasia

Skin  
Infiltration Cellular, Mast Cell  
Inflammation, Chronic Active  
Ulcer

\* .. Total animals with tissue examined microscopically: Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

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**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

## MUSCULOSKELETAL SYSTEM

## **NERVOUS SYSTEM**

## **RESPIRATORY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

## M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 03/08/2013

**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

## Metal working fluids (CIMSTAR 3800)

**CAS Number:** CIMSTAR3800

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

## SPECIAL SENSES SYSTEM

Eve

#### Cornea, Inflammation, Chronic Active

### Lens, Degeneration

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

- \* .. Total animals with
- + .. Tissue examined
- X .. Lesion present
- | .. Insufficient tissue

with lesion and mean severity grade  
M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 03/08/2013

**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

#### Metal working fluids (CIMSTAR 3800)

**Time Report Requested:** 14:13:47

**Species/Strain:** MICE/B6C3F1

**CAS Number:** CIMSTAR3800

**First Dose M/F:** 05/05/08 / 05/05/08

**Species/Strain:** MICE/B6C3F1

Lab BNW

### Harderian Gland

## **URINARY SYSTEM**

Kidney  
Infarct  
Inflammation, Suppurative  
Metaplasia, Osseous  
Nephropathy  
Glomerulus, Amyloid Deposits

## Urinary Bladder

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grad

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

#### I .. Insufficient tissue

#### M .. Missing tissue

#### A.. Autolysis precludes evaluation

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## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

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Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

| B6C3F1 MICE FEMALE | 100 mg/m <sup>3</sup> | DAY ON TEST |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |  | * TOTALS |
|--------------------|-----------------------|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|----------|
|                    |                       |             | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>2           | 0<br>6<br>8<br>1           | 0<br>6<br>8<br>3           | 0<br>7<br>3<br>1           | 0<br>7<br>2<br>2           | 0<br>7<br>3<br>1           | 0<br>7<br>2<br>2           | 0<br>7<br>3<br>3           | 0<br>7<br>3<br>3           | 0<br>6<br>3<br>4           | 0<br>7<br>3<br>1           | 0<br>7<br>2<br>2           | 0<br>6<br>9<br>9           | 0<br>7<br>3<br>3           | 0<br>7<br>2<br>2           | 0<br>6<br>8<br>1           | 0<br>7<br>3<br>2           | 0<br>6<br>8<br>1           | 0<br>7<br>3<br>2           | 0<br>6<br>8<br>1           | 0<br>7<br>3<br>2           | 0<br>6<br>8<br>1           |                            |  |          |
| ANIMAL ID          |                       |             | 0<br>0<br>0<br>7<br>2<br>6 | 0<br>0<br>0<br>7<br>2<br>7 | 0<br>0<br>0<br>7<br>2<br>8 | 0<br>0<br>0<br>7<br>2<br>9 | 0<br>0<br>0<br>7<br>2<br>0 | 0<br>0<br>0<br>7<br>2<br>1 | 0<br>0<br>0<br>7<br>2<br>2 | 0<br>0<br>0<br>7<br>2<br>3 | 0<br>0<br>0<br>7<br>2<br>4 | 0<br>0<br>0<br>7<br>2<br>5 | 0<br>0<br>0<br>7<br>2<br>6 | 0<br>0<br>0<br>7<br>2<br>7 | 0<br>0<br>0<br>7<br>2<br>8 | 0<br>0<br>0<br>7<br>2<br>9 | 0<br>0<br>0<br>7<br>2<br>0 | 0<br>0<br>0<br>7<br>2<br>1 | 0<br>0<br>0<br>7<br>2<br>2 | 0<br>0<br>0<br>7<br>2<br>3 | 0<br>0<br>0<br>7<br>2<br>4 | 0<br>0<br>0<br>7<br>2<br>5 | 0<br>0<br>0<br>7<br>2<br>6 | 0<br>0<br>0<br>7<br>2<br>7 | 0<br>0<br>0<br>7<br>2<br>8 | 0<br>0<br>0<br>7<br>2<br>9 |  |          |
|                    |                       |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |  |          |

## ALIMENTARY SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |         |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---------|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |         |
| Gallbladder                       | + | + | + | + | + | + | + | M | + | + | + | + | + | M | M | M | + | + | M | + | + | + | M | + | + | 41 |         |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |         |
| Intestine Large, Colon            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |         |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |         |
| Inflammation, Chronic Active      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 2.0   |
| Intestine Small, Duodenum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |         |
| Intestine Small, Ileum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |         |
| Intestine Small, Jejunum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |         |
| Liver                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |         |
| Amyloid Deposition                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 1 2.0 |
| Angiectasis                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 2.0   |
| Basophilic Focus                  | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 4       |
| Cyst                              | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1       |
| Eosinophilic Focus                | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 13 |         |
| Fatty Change                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 5 2.4   |
| Infiltration Cellular, Lymphocyte |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 1.0   |
| Necrosis                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 4 2.3   |
| Tension Lipidosis                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 6 1.3   |
| Mesentery                         | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 15      |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

Date Report Requested: 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

## Lab: BNW

## CARDIOVASCULAR SYSTEM

\* ... Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

#### XII. Lesion present

M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

## **GENERAL BODY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

Date Report Requested: 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

## Lab: BNW

**NONE**

## **GENITAL SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |     |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|-----|
| Clitoral Gland                   | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | M | + | M | 44 |     |     |
| Hyperplasia, Basal Cell          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |   |   |   |   |   | 1  | 1.0 |     |
| Ovary                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |     |     |
| Angiectasis                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 3   | 3.3 |
| Cyst                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 16  | 1.8 |
| Hemorrhage                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 15  | 1.1 |
| Inflammation, Chronic Active     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2   | 3.0 |
| Mineralization                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1   | 3.0 |
| Thrombosis                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1   | 3.0 |
| Uterus                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |     |     |
| Angiectasis                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1   | 3.0 |
| Dilatation                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 6   | 2.7 |
| Hemorrhage                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1   | 2.0 |
| Inflammation, Chronic Active     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 4   | 2.3 |
| Endometrium, Hyperplasia, Cystic | 1 | 3 | 1 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 2 | 4 | 1 |   |   |   |   | 34 | 2.4 |     |

## HEMATOPOIETIC SYSTEM

\* .. Total animals with tissue examined microscopically: Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

#### M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

Date Report Requested: 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

Lab: BNW

## **INTEGUMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 03/08/2013

**Time Report Requested:** 14:13:47

**First Dose M/F:** 05/05/08 / 05/05/08

## Lab: BNW

|                           |  | DAY ON TEST        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|--|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                           |  | ANIMAL ID          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                           |  | B6C3F1 MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                           |  | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| <b>B6C3F1 MICE FEMALE</b> |  | 7                  | 7 | 7 | 7 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| <b>100 mg/m3</b>          |  | 3                  | 3 | 3 | 3 | 6 | 8 | 6 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                           |  | 2                  | 3 | 2 | 1 | 3 | 8 | 9 | 3 | 2 | 2 | 1 | 2 | 2 | 3 | 3 | 3 | 4 | 1 | 2 | 3 |
|                           |  | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |  | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |  | 7                  | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                           |  | 2                  | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 |
|                           |  | 6                  | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 |
|                           |  | <b>* TOTALS</b>    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

## MUSCULOSKELETAL SYSTEM

## **NERVOUS SYSTEM**

## RESPIRATORY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

## M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

| B6C3F1 MICE FEMALE<br>100 mg/m <sup>3</sup>           | DAY ON TEST<br>ANIMAL ID | * TOTALS         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |        |        |
|---|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|---|--------|--------|
|   |                          | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 | 0<br>6<br>6<br>3 | 0<br>6<br>8<br>8 | 0<br>6<br>3<br>9 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>6<br>3<br>1 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>9 | 0<br>6<br>3<br>3 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>6<br>3<br>8 | 0<br>7<br>3<br>1 | 0<br>6<br>3<br>1 |   |   |        |        |
| Lung  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | 50     |        |
| Congestion  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |        | 1 3.0  |
| Hemorrhage  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |        | 2 1.5  |
| Infiltration Cellular, Histiocyte                     |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |        | 6 1.5  |
| Infiltration Cellular, Mixed Cell                     |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |        | 1 1.0  |
| Thrombosis  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |        | 1 3.0  |
| Alveolar Epithelium, Hyperplasia                      |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |        | 4 2.0  |
| Bronchiole, Hyperplasia                               |                          | 1                | 1                | 1                | 1                |                  | 1                |                  | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1 | 1 | 1      | 41 1.0 |
| Interstitial, Inflammation, Chronic Active            |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |        | 1 2.0  |
| Perivascular, Inflammation, Chronic Active            |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |        | 11 2.0 |
| Nose  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | 50     |        |
| Inflammation, Chronic Active                          |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |        | 5 1.6  |
| Necrosis  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |        | 1 1.0  |
| Olfactory Epithelium, Accumulation, Hyaline Droplet   |                          | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3 | 3 | 49 3.0 |        |
| Olfactory Epithelium, Atrophy                         |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |        | 1 3.0  |
| Olfactory Epithelium, Metaplasia, Respiratory         | 1                        | 2                | 3                | 1                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |        | 23 1.5 |
| Respiratory Epithelium, Accumulation, Hyaline Droplet | 3                        | 3                | 3                | 3                | 3                | 2                | 3                | 2                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3 | 3 | 50 3.0 |        |
| Respiratory Epithelium, Hyperplasia                   | 2                        | 2                | 2                | 2                | 1                | 1                | 2                |                  | 1                | 2                |                  | 2                | 2                | 1                | 1                |                  |                  |                  |                  |                  |                  |                  |   |   | 39 1.5 |        |
| Respiratory Epithelium, Metaplasia, Squamous          |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |        | 1 1.0  |
| Trachea   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | 50     |        |
| <b>SPECIAL SENSES SYSTEM</b>                          |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |        |        |
| Eye   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | 50     |        |
| Cornea, Inflammation, Chronic Active                  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |        | 1 3.0  |
| Lens, Degeneration                                    |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |        | 1 2.0  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20515 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 03/08/2013

Test Type: CHRONIC

Metal working fluids (CIMSTAR 3800)

Time Report Requested: 14:13:47

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: CIMSTAR3800

First Dose M/F: 05/05/08 / 05/05/08

Species/Strain: MICE/B6C3F1

Lab: BNW

|                                |           | DAY ON TEST           | B6C3F1 MICE FEMALE    |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |    | * TOTALS |  |
|--------------------------------|-----------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|----|----------|--|
|                                |           |                       | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>6<br>8<br>3 | 0<br>6<br>6<br>9 | 0<br>7<br>3<br>3 | 0<br>7<br>2<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>2<br>2 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>6<br>3<br>4 | 0<br>7<br>3<br>1 | 0<br>7<br>2<br>2 | 0<br>6<br>9<br>9 | 0<br>7<br>3<br>3 | 0<br>7<br>2<br>2 | 0<br>6<br>8<br>1 | 0<br>7<br>3<br>2 | 0<br>6<br>8<br>1 |                  |                  |   |    |          |  |
| 100 mg/m <sup>3</sup>          | ANIMAL ID | 0<br>0<br>7<br>2<br>6 | 0<br>0<br>7<br>2<br>7 | 0<br>0<br>7<br>2<br>8 | 0<br>0<br>7<br>3<br>0 | 0<br>0<br>7<br>1 | 0<br>0<br>7<br>2 | 0<br>0<br>7<br>3 | 0<br>0<br>7<br>4 | 0<br>0<br>7<br>5 | 0<br>0<br>7<br>6 | 0<br>0<br>7<br>7 | 0<br>0<br>7<br>8 | 0<br>0<br>7<br>9 | 0<br>0<br>7<br>0 | 0<br>0<br>7<br>1 | 0<br>0<br>7<br>2 | 0<br>0<br>7<br>3 | 0<br>0<br>7<br>4 | 0<br>0<br>7<br>5 | 0<br>0<br>7<br>6 | 0<br>0<br>7<br>7 | 0<br>0<br>7<br>8 | 0<br>0<br>7<br>9 |   |    |          |  |
|                                |           | Harderian Gland       | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50 |          |  |
| <b>URINARY SYSTEM</b>          |           |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |    |          |  |
| Kidney Infarct                 |           |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |    | 50 1 3.0 |  |
| Inflammation, Suppurative      |           |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |    | 1 2.0    |  |
| Metaplasia, Osseous            |           |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |    | 1 1.0    |  |
| Nephropathy                    |           |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |    | 47 1.4   |  |
| Glomerulus, Amyloid Deposition |           |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |    | 1 2.0    |  |
| Urinary Bladder                |           |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |    | 50       |  |

\*\*\* END OF REPORT \*\*\*

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